PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ALA	m ANCE Instrument Location Bulington PD
Instrument Seria	Bullyton, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
TO THE STATE OF A STAT	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 07/13/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S
Permit Number: 11434E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:24am 8:25am 8:26am
AIR BLK	.00	8:26am
SUB TEST	.00	8:27am
AIR BLK	.00	8:28am
SUB TEST	.00	8:30am
AIR BLK	.00	8:30am

Reported AC: _00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812

Test Record Number: 3226

Test Date: 07/13/2018

Test Time: 8:34am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:34am
FLO	Pass	8:34am
FC	Pass	8:34am

Temperature Tests

Test	Status	Time
FC1	Pass	8:34am
SRC	Pass	8:34am
DET	Pass	8:34am
BAR	Pass	8:34am
\mathtt{BT}	Pass	8:34am

Blank Tests

Test	Status	Time
AIR	Pass	8:35am

Printer Tests

Test	Status	Time
ррит	Pagg	8 · 35am

CRC Tests

Test	Status	Time
COMP	Pass	8:35am
CAL	Pass	8:35am

Preventive Maintenance

Status: Pass

Analvst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	ALAMANCE Instrument Location Bulling for PD	
	Berial No. 008907 267 in Fruit ST Bullington, NC	
	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;	ow
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	
	t on the	e
THE STATE OF THE S	Signature of Certifying Official Certificate Number	<u> </u>

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 07/13/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	8:43am 8:44am
ACCY CHK AIR BLK	.08 .00	8:45am 8:46am
SUB TEST AIR BLK	.00 .00	8:46am 8:47am
SUB TEST	.00	8:49am
AIR BLK	.00	8:50am

Reported AC: .0

00 g/210I

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 891 Test Date: 07/13/2018 Test Time: 8:50am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:51am
FLO	Pass	8:51am
FC	Pass	8:51am

Temperature Tests

Test	Status	Time
FC1	Pass	8:51am
SRC	Pass	8:51am
DET	Pass	8:51am
BAR	Pass	8:51am
BT	Pass	8:51am

Blank Tests

Test	Status	Time
AIR	Pass	8:51am

Printer Tests

Test	Status	Time
PRNT	Pass	8:51am
	an a .	

CRC Tests

Test	Status	Time
COMP	Pass	8:52am
CAL	Pass	8:52am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Alamance		Instrument Location Alam Ance Co J			JAIL
Instrument Se	rial No. <u>60 89/3</u>	109 5	Maple Si		
		GRA ItA.	u NC		
	re maintenance procedures for th				
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	eter displays pressure, or the a	alcoholic breath s	imulator therm	ometer shows
2.	Verify instrument displays	Verify instrument displays time and date;			
3.	Initiate breath test sequence	5			
4.	Enter information as promp	ted;			
5.	Verify instrument accuracy	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;				
7.	When "PLEASE BLOW"	appears, collect breath sample	e;		
8.	Print test record;				
9.	Verify Diagnostic Program	; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.				
	on the <u>/ 3</u> day of ere performed on the instrumer of Health and Human Services,			ng preventive m regulations of	aintenance the N.C.
TOTAL 2. THE STATE OF THE STATE	A CAROLLINA STATE OF THE STATE	la de la companya dela companya d		66	7
		Signature of Certifying Office	ial .	Certificate	

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 07/13/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807102 Exp Date: 03/12/2020

Time g/210L Test 9:23am Pass DIAG 9:24am AIR BLK .00 ACCY CHK .08 9:24am

9:25am AIR BLK .00 9:26am SUB TEST .00 AIR BLK .00 9:27am

9:29am SUB TEST .00

9:30am AIR BLK .00

Reported AC: ___.00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913

Test Record Number: 3231

Test Date: 07/13/2018

Test Time: 9:34am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:34am
FLO	Pass	9:34am
FC	Pass	9:34am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	9:34am 9:34am 9:34am 9:34am 9:34am
	2000	2

Blank Tests

Test	Status	Time

AIR Pass 9:35am

Printer Tests

	Test	Status	Time
:	PRNT	Pass	9:35am

110141 1000 3.330

CRC Tests

Test

	•	
COMP	Pass	9:35am
CAT	Dagg	0.2Eam

Status

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Alu	AMANCE Instrument Location Algundance 6 Julia		
Instrument Serial	No. 008853 109 5 Maple 5T GRAHAM NC		
The preventive m	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	the		
OTH STATE OF THE S	Signature of Certifying Official Certificate Number		

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 07/13/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	9:23am 9:24am
ACCY CHK	.08	9:25am
AIR BLK	.00	9:26am
SUB TEST	.00	9:27am
AIR BLK	.00	9:28am
SUB TEST	.00	9:29am
AIR BLK	.00	9:30am

Reported AC: ,00 g

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853

Test Record Number: 2505

Test Date: 07/13/2018

Test Time: 9:36am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:37am
FLO	Pass	9:37am
FC	Pass	9:37am

Temperature Tests

Blank Tests

Test	Status	Time
AIR	Pass	9:38am

Printer Tests

Test	Status	Time
PRNT	Pass	9:38am

CRC Tests

Test	Status	Time
COMP	Pass	9:38am
CAL	Pass	9:38am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County BEAUTOCT	Instrument Location Beau	fort Co. Corrtho
Instrument Serial No	909 100 F. 2nd ST.	, WashingTow, N
The preventive maintenance procedu four months are:	res for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
	gas canister displays pressure, or the alcoholic br minus .2 degree centigrade;	eath simulator thermometer shows
2. Verify instrument of	displays time and date;	
3. Initiate breath test	sequence;	
4. Enter information a	as prompted;	
5. Verify instrument	accuracy;	
6. When "PLEASE B	LOW" appears, collect breath sample;	
7. When "PLEASE B	LOW" appears, collect breath sample;	
8. Print test record;		
9. Verify Diagnostic	Program; and	
	anol gas canister is being changed before expirati is being changed every four months or after 125 first.	
procedures were performed on the in	of July the strument indicated above, in accordance with curervices, and the instrument is functioning properly	
CAROLINA CAR		
ANGEL 12. TTP	Just Head	647
	Signature of Certifying Official	Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 07/02/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	12:17pm 12:18pm 12:18pm 12:19pm 12:20pm 12:21pm 12:22pm
AIR BLK	.00	12:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909

Test Record Number: 3045

Test Date: 07/02/2018

Test Time: 12:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:25pm
FLO	Pass	12:25pm
FC	Pass	12:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:25pm
SRC	Pass	12:25pm
\mathtt{DET}	Pass	12:25pm
BAR	Pass	12:25pm
BT	Pass	12:25pm

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:26pm

12:26pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County B	eaufort Instrument Location Beaufort Co. Courthous
Instrument Seri	al No. 008586 102 E. Ond ST., WashingTON, N.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the and day of JULY, 20/8 the forgoing preventive maintenance
I certify that o procedures we	ere performed on the instrument indicated above, in accordance with current regulations of the N.C.
Department of	f Health and Human Services, and the instrument is functioning properly.
- manning	
OF THE STATE	OF NO.
GREATS	
ARRI 12 07 b	
Minimo	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 07/02/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA
Permit Number: 11646E
Effective:
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:18pm 12:19pm
ACCY CHK	.00	12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:22pm
AIR BLK SUB TEST	.00 .00	12:22pm 12:24pm
AIR BLK	.00	12:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

BEAUFORT COUNTY COURTHOUSE 060

Test Record Number: 1394 Serial Number: 008586

Test Date: 07/02/2018 Test Time: 12:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:26pm
FLO	Pass	12:26pm
FC	Pass	12:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:27pm
SRC	Pass	12:27pm
\mathtt{DET}	Pass	12:27pm
BAR	Pass	12:27pm
BT	Pass	12:27pm

Blank Tests

Test Status Time

12:27pm AIR Pass

Printer Tests

Time Test Status

PRNT Pass 12:27pm

CRC Tests

Status Time Test

COMP Pass 12:27pm CAL 12:27pm Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 07/06/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG716202 Exp Date: 06/11/2019

rest	g/210L	Time
DIAG	Pass	3:04pm
AIR BLK	.00	3:04pm
ACCY CHK	.08	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm

Reported AC:

0/g/210#

Signature of Chemical Analyst

Court CVR

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894

Test Record Number: 1102

Test Date: 07/06/2018

Test Time: 3:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:12pm
FLO	Pass .	3:12pm
FC	Pass	3:12pm

Temperature Tests

Test Status Time	
FC1 Pass 3:12 SRC Pass 3:12 DET Pass 3:12 BAR Pass 3:12 BT Pass 3:12	pm pm

Blank Tests

Test	Status	Time
AIR	Pass	3:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:13pm

CRC Tests

Test	Status	Time
COMP	Pass	3:13pm
CAL	Pass	3:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

- Antonio	INTOXIMETERS, MODEL INTOX EC/IR	II A
County /3	Instrument Location 13/5 de	n County
Instrument Seria	al No. 008818 Sheriff Def	grynent
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foll:	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath signal degrees, plus or minus .2 degree centigrade;	mulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4,	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	ge.
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath blic Breath Simulator tests,
I certify that on procedures wer Department of	theday of, 20/8 the forgoi e performed on the instrument indicated above, in accordance with current re Health and Human Services, and the instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
THE STATE OF THE S	K.C. Shooler	601
	Signature of Certifying Official	Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 07/06/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG	Pass	3:06pm
AIR BLK	.00	3:07pm
ACCY CHK	.07	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:13pm

Reported AC:

/g/210p

Signature of Chemical Analyst

Court CVR

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Record Number: 1398

Test Date: 07/06/2018 Test Time: 3:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:15pm 3:15pm
FC	Pass	3:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
\mathtt{BT}	Pass	3:16pm

Blank Tests

Test	Status	Time
AIR	Pass	3:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:16pm

CRC Tests

Test	Status	Time
COMP	Pass	3:16pm
CAL	Pass	3:16pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

دوور	INTOXIMETERS, MODEL INTOX EC/IR II
County 5	Truns wick Instrument Location Brunswick (pan)
Instrument Se	rial No. 008602 Sheriff Departmen
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 07/05/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTEANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716202 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	5:08pm 5:09pm 5:09pm
AIR BLK	.00	5:11pm
SUB TEST	.00	5:12pm
AIR BLK	00	5:13pm
SUB TEST	.00	5:14pm
AIR BLK	.00	5:15pm

Reported AC:

რი/ *ი*//210T.

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602

Test Record Number: 4069

Test Date: 07/05/2018

Test Time: 5:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:17pm
FLO	Pass	5:17pm
FC	Pass	5:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:18pm
SRC	Pass	5:18pm
DET	Pass	5:18pm
BAR	Pass	5:18pm
BT	Pass	5:18pm

Blank Tests

Test	Status	Time
AIR	Pass	5:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:18pm

CRC Tests

Test	Status	Time
COMP	Pass	5:18pm
CAL	Pass	5:18pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

. 7	INTUXIMETERS, MODEL INTUX EC/IR II
County	5RUNSWICK Instrument Location 5 GASet Besch
Instrument Se	rial No. 008878 Police Department
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 07/05/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG805802 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	3:31pm 3:31pm
ACCY CHK	08	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:36pm
ATR BLK	.00	3:37pm

Reported AC:

.90) \$/210 L

Signature of Chemical Analyst

Court CVR

K. C. Shooles
Analyst

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874

Test Record Number: 639

Test Date: 07/05/2018

Test Time: 3:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:39pm
FLO	Pass	3:39pm
FC:	Pass	3:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:39pm
SRC	Pass	3:39pm
DET	Pass	3:39pm
BAR	Pass	3:39pm
BT	Pass	3:39pm

Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:40pm 3:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample;

9. Verify Diagnostic Program; and

Print test record;

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the _______ day of ________, 20______ the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



7.

8.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

When "PLEASE BLOW" appears, collect breath sample;

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 07/05/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG	Pass	5:09pm 5:10pm
AIR BLK ACCY CHK	.00	5:10pm
AIR BLK	.00	5:12pm
SUB TEST	.00	5:13pm
AIR BLK	.00	5:14pm
SUB TEST	.00	5:15pm
AIR BLK	.00	5:16pm

Reported AC:

60 G/2101/

Signature of Chemical Analyst

Court CVR

K.C. II

Апитуят

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585

Test Record Number: 4114

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:18pm 5:18pm
FC	Pass	mq81:2

Temperature Tests

Test	Status	Time
FC1	Pass	5:18pm
SRC	Pass	5:18pm
\mathtt{DET}	Pass	5:18pm
BAR	Pass	5:18pm
$\mathtt{B}\mathbf{T}$	Pass	5:18pm

Blank Tests

Test	Status	Time
AIR	Pass	5:18pm

Printer Tests

rest	Status	TTME
PRNT	Pass	5:18pm

CRC Tests

Test	Status	Time
COMP	Pass	5:19pm
CAL	Pass	5:19pm

Preventive Maintenance

Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Brunswick Instrument Location Off TStand
Instrumen	Serial No. 008648 Police Deportage
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
GREAT ST	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 07/05/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C Permit Number: 5329E Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	6:12pm 6:13pm 6:14pm
AIR BLK	.00	6:15pm
SUB TEST	.00	6:15pm
AIR BLK	.00	6:16pm
SUB TEST	.00	6:18pm
AIR BLK	.00	6:18pm

Reported AC: .00 g/2/0L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648

Test Record Number: 1574

Test Date: 07/05/2018

Test Time: 6:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:20pm
FLO	Pass	6:20pm
FC	Pass	6:20pm

Temperature Tests

Status	Time
Pass	6:20pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	6:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:21pm
	CRC Tests	

Test	Status	Time
COMP	Pass	6:21pm
CAL	Pass	6:21pm

Preventive Maintenance Status: Pass

190

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Col	OAIIVS	Instrument Location Caball VS	County SD
Instrument Seri	ial No. <u>008625</u>	30 Gorban Ave., C	en coul
The preventive four months are		eximeters, Model Intox EC/IR II to be for	llowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breath si ee centigrade;	mulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		~
4.	Enter information as prompted;	e a	er v
5.	Verify instrument accuracy;		y 25
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	e .
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration dat ed every four months or after 125 Alcoho	
	re performed on the instrument indic	, 20 18 the forgoinated above, in accordance with current representation in the instrument is functioning properly.	ng preventive maintenance egulations of the N.C.
THE CHAM YOUR STATE OF THE COURT OF THE COUR	Company of the second of the s	ture of Certifyling Official	656 Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 07/09/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805802 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:02pm 12:03pm 12:03pm 12:04pm 12:05pm
AIR BLK SUB TEST	.00 .00	12:06pm 12:07pm
AIR BLK	.00	12:08pm

Reparted AC: .00 g/210L

Signature of Chemical

Analyst

Court CVR

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625

Test Record Number: 4908

Test Date: 07/09/2018

Test Time: 12:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:13pm
FLO	Pass	12:13pm
FC	Pass	12:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:13pm
SRC	Pass	12:13pm
DET	Pass	12:13pm
BAR	Pass	12:13pm
BT	Pass	12:13pm

Blank Tests

Test	Status	Time
AIR	Pass	12:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:14pm

12:14pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/	INTUXIMETE	KS, MODEL IN I	.UA EC/IR I	1
County C		Instrument Location_		
Instrument Seri	ial No	113 Hwy	343, 0	anden, N.
	maintenance procedures for the In			
four months are	e:			
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath sin	nulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample	; ;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample	; ;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	l		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
	n theday of re performed on the instrument ind Health and Human Services, and the			g preventive maintenance gulations of the N.C.
		·		
TOTAL OF THE STATE	NORTH CAROLINA	7		
QUAN VIDE	- 1nc	de A Chan		647
	\ \ Sign	ature of Certifying Offici	aı	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 07/03/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA Permit Number: 11646E Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	12:53pm 12:54pm 12:54pm 12:55pm
SUB TEST	.00	12:57pm 12:57pm
AIR BLK SUB TEST	.00	12:57pm
ATR BLK	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finds Mees C. Analyst

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940

Test Record Number: 889

Test Date: 07/03/2018

Test Time: 1:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:01pm
FLO	Pass	1:01pm
FC	Pass	1:02pm

Temperature Tests

Status	Time
Pass	1:02pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm

CRC Tests

Test	Status	Time
COMP	Pass	1:02pm
CAL	Pass	1:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	eteret Instrument Location CARTERET COUNTY
Instrument Serial	No. 008882 SHORIFFS OFFICE
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of	theday of, 20, 20, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE OTHER OF THE OTHER OF THE OTHER OTHE	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:26am 10:26am 10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:28am
AIR BLK	.00 .00	10:29am 10:31am
SUB TEST AIR BLK	.00	10:31am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882

Test Record Number: 1714 Test Time: 10:32am EDT

Test Date: 07/03/2018

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:32am
FLO	Pass	10:32am
FC	Pass	10:32am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:32am 10:32am 10:32am 10:32am 10:32am

Blank Tests

Test	Status	Time
AIR	Pass	10:33am

Printer Tests

Test	Status	Time
PRNT	Pass	10:33am
	CRC Tests	
Test	Status	Time
COMP CÁL	Pass Pass	10:33am 10:33am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CARTERET Instrument Location CARTERET COUNTY
Instrumer	nt Serial No. 008605 SHERIFF'S OFFICE
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the
STATE COREAT STATE OF	STATE OF NORTH OF THE PROPERTY
	Signature of Certifying Official Certificate Number
A signed	original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 07/03/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	10:23am 10:24am
ACCY CHK	.07	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

March E-Half
Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 07/03/2018 Test Record Number: 3755
Test Time: 10:31am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:31am
FLO	Pass	10:31am
FC	Pass	10:31am

Temperature Tests

Blank Tests

Test	Status	Time
AIR	Pass	10:32am

Printer Tests

Status

Test	Status	TIME
PRNT	Pass	10:32am
	CRC Tests	·
Test	Status	Time
COMP CAL	Pass Pass	10:32am 10:32am

Preventive Maintenance Status: Pass

Kand E-Hall
Knalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	LARTERET Instrument Location Morehead City AS
Instrume	nt Serial No. <u>0087.3/</u>
The prev	rentive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every of this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
· 9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on theday of, 20/8, the foregoing preventive maintenance res were performed on the instrument indicated above, in accordance with current regulations of the N.C. nent of Health and Human Services, and the instrument is functioning properly.
THE OREN'S A	STATE OR DO TO
	Signature of Certifying Official Certificate Number
A signed	l original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722408 Exp Date: 08/12/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:06am 11:07am 11:07am 11:08am 11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:11am
AIR BLK	.00	11:12am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Kand E Half
Analyst

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 2070 Test Date: 07/03/2018 Test Time: 11:13am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:13am
FLO	Pass	11:13am
FC	Pass	11:13am

Temperature Tests

Test	Status	Time
FC1	Pass	11:13am
SRC	Pass	11:13am
DET	Pass	11:13am
BAR	Pass	11:13am
BT	Pass	11:13am

Blank Tests

Test	Status	Time
AIR	Pass	11:14am

Printer Tests

Test	Status	Time
PRNT	Pass	11:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:14am

Preventive Maintenance Status: Pass

Pass

CAL

Kanly E-Half

Analyst

11:14am

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CARTERET Instrument Location ATLANTIC BEACH D.
Instrume	nt Serial No
The prev	rentive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every onths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify procedu Departi	that on the
COREAT SE	STATE OF THE STATE

A signed original of the preventive maintenance record shall be kept on file for at least three years.

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 07/03/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:41am 11:41am 11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Hall Analyst

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Recor Test Date: 07/03/2018 Test Time

Test Record Number: 1043
Test Time: 11:47am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:48am 11:48am
FC	Pass	11:48am

Temperature Tests

Test	Status	Time
FC1	Pass	11:48am
SRC	Pass	11:48am
DET	Pass	11:48am
BAR	Pass	11:48am
BT	Pass	11:48am

Blank Tests

Test	Status	Time
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

AIR Pass 11:48am

Printer Tests

Test S	tatus	Time
--------	-------	------

PRNT Pass 11:49am

CRC Tests

Test.	Status	Time
1681.	Status	T T III (

COMP	Pass	11:49am
CAL	Pass	11:49am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CARteret Instrument Location EMERALD ISLE AD
Instrume	ent Serial No. 0086 20 .
The prev	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every aths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify procedu Departi	that on theday of, 20/8, the foregoing preventive maintenance tres were performed on the instrument indicated above, in accordance with current regulations of the N.C. ment of Health and Human Services, and the instrument is functioning properly.
A CREAT SE	STATE OF COLUMN TO STATE OF COLUMN TO SIgnature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number
A signe	d original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 07/03/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG702402 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	12:38pm
AIR BLK	.00	12:38pm
ACCY CHK	.08	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:43pm
ATR BLK	.00	12:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 1947
Test Date: 07/03/2018 Test Time: 12:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:45pm
FLO	Pass	12:45pm
FC	Pass	12:45pm

Temperature Tests

Status	Time
Pass	12:45pm 12:45pm
Pass	12:45pm
Pass Pass	12:45pm 12:45pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:46pm 12:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CHATHAM	Instrument Location 5/LE	R CITY PI
Instrumer	t Serial No. <u>0088//</u>	510	LER CITY, NO
The preve	ntive maintenance procedures for the Into	eximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breat ee centigrade;	h simulator thermometer show
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;	•	
4.	Enter information as prompted;	1971 -	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis	ter is being changed before expiration ged every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
procedu	that on the <u>3/</u> day of <u>J</u> res were performed on the instrument ind tent of Health and Human Services, and t	ULソ , 20 / 8, the foreglicated above, in accordance with currente instrument is functioning properly	rent regulations of the N.C.
R GREAT SE	STATE OF NO. 1777	•	
150	QUAM VIDER K	Ja Banes	648
	Signa	ature of Certifying Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Date: 07/31/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG807102 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:54am 11:55am 11:55am
AIR BLK	.00	11:57am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Cela Ry Bana

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811

Test Record Number: 1303

Test Date: 07/31/2018

Test Time: 12:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:04pm 12:04pm
FC	Pass	12:04pm

Temperature Tests

Test	Status	Time	_
FC1	Pass	12:04pm	
SRC	Pass	12:04pm	
DET	Pass	12:04pm	
BAR	Pass	12:04pm	
BT	Pass	12:04pm	

Blank Tests

Test	Status	Time
	_	10.05
AIR	Pass	12:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm
,C	RC Tests	
Test	Status	Time
COMP	Pass	12:05pm

12:05pm

Preventive Maintenance Status: Pass

Pass -

Olu Ra Bans Analyst

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CHATHAM	Instrument Location_	CHATHAM	CO DETENTION
Instrument S	Serial No. <u>008850</u>	. 	PITTSBOR	O, NC
·	<u></u>			
The prevent four months	ive maintenance procedures for the are:	Intoximeters, Model Intox	EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c		alcoholic breath sim	ulator thermometer show
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample	e;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	ìnd		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.			
	at on the3/day of were performed on the instrument t of Health and Human Services, ar		ance with current re	preventive maintenance gulations of the N.C.
STATE IN TO STATE OF THE CORENT OF THE COREN	Clark	30000	·	648
	Si	gnathre of Certifying Offic	lai .	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008850 Test Date: 07/31/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807102

Exp Date: 03/12/2020

Test	g/210L	Time
------	--------	------

Pass	2:53pm
.00	2:54pm
.07	2:54pm
.00	2:55pm
.00	2:56pm
.00	2:57pm
.00	2:58pm
.00	2:59pm
	.00 .07 .00 .00

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008850 Test Record Number: 663
Test Date: 07/31/2018 Test Time: 3:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:01pm
FLO FC	Pass Pass	3:01pm 3:01pm
FC	rass	2:01bm

Temperature Tests

Test	Status	Time
FC1	Pass	3:01pm
SRC	Pass	3:01pm
DET	Pass	3:01pm
BAR	Pass	3:01pm
BT	Pass	3:01pm

Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

Printer Tests

Test	Status	Time
rest	Status	TTITLE
PRNT	Pass	3:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:02pm

Preventive Maintenance Status: Pass

alm Rg Banalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTO	6 1 211.01
ounty CNT	Instrument Location C	nowan (v. Tublic Safe
strum ent Seria	Instrument Location C INO. UD 8895 Gater, 305	Fleemason St., Eden
he preventive nour months are:	naintenance procedures for the Intoximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcompany 34 degrees, plus or minus .2 degree centigrade;	coholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	1.3
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed befor simulator solution is being changed every four months or whichever occurs first.	e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that on procedures were Department of H	the	e with current regulations of the N.C.
THE STATE OF THE S	Vous An	643

A signed original of the preventive maintenance record shall be kept on file for at least three years.

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 07/02/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:32am 10:32am 10:33am 10:34am
AIR BLK SUB TEST	.00 .00	10:35am 10:37am
AIR BLK	.00	10:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 845 Test Date: 07/02/2018 Test Time: 10:41am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:41am 10:41am
FC	Pass	10:41am

Temperature Tests

Test	Status	Time
FC1	Pass	10:41am
SRC DET	Pass Pass	10:41am 10:41am
BAR	Pass	10:41am
BT	Pass	10:41am

Blank Tests

Test	Status	Time
AIR	Pass	10:42am

Printer Tests

Test	Status	Time
PRNT	Pass	10:42am
	CRC Tests	

TCSC	beacus	T TIME
COMP	Pass	10:42am
CAL	Pass	10:42am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cle	veland Instrument Location Cleveland County SU-An	<u>^</u> (
	INO. 008887 407 M& Brayer St., Shelby	
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	_
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;	ws
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	ts,
I certify that or procedures we Department of	n the day of day	nce
CONTRACTOR OF THE PROPERTY OF		١٠٠چور

A signed original of the preventive maintenance record shall be kept on file for at least three years.

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887 Test Date: 07/02/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	10:07am 10:08am
ACCY CHK	.08	10:08am
AIR BLK SUB TEST	.00 .00	10:09am 10:10am
AIR BLK	.00	10:10am
SUB TEST	.00	10:12am
AIR BLK	.00	10:13am

Signature of Chemical

Analyst

Court CVR

Analyst

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887 Test Record Number: 2686
Test Date: 07/02/2018 Test Time: 10:15am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:16am
FLO	Pass	10:16am
FC	Pass	10:16am

Temperature Tests

Test	Status	Time
FC1	Pass	10:16am
SRC	Pass	10:16am
DET	Pass	10:16am
BAR	Pass	10:16am
BT	Pass	10:16am

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

Printer Tests

Test	Status	Time
PRNT	Pass	10:17am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:17am

Pass

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX, EC/IR II

County	RAVEN Instrument Location New Bern PS
Instrument Se	erial No
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
OFF CHAM	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 07/05/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:35am 11:36am 11:36am
AIR BLK	.00	11:38am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:40am
ATR BLK	. 0.0	11:41am

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817

Test Record Number: 1379

Test Date: 07/05/2018 Test Time: 11:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:42am 11:42am
FC	Pass	11:42am

Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
BT	Pass	11:43am

Blank Tests

Test	Status	Time
71 T D	Dagg	11.43am

Printer Tests

Test

Status

Time

PRNT	Pass	11:43am
	CRC Tests	,
Test	Status	Time

COMP Pass 11:43am CAL Pass 11:43am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ounty_ <i>C</i> /	INTUXIMETERS, MODEL RAVEN Instrument Loca	MCAS CHERRY BIN 4
strument Se	12 CO	·
he preventivour months a	re maintenance procedures for the Intoximeters, Model re:	Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, o 34 degrees, plus or minus .2 degree centigrade;	r the alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath	sample;
7.	When "PLEASE BLOW" appears, collect breath	sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being change simulator solution is being changed every four mo whichever occurs first.	ed before expiration date, or the alcoholic breath nths or after 125 Alcoholic Breath Simulator tests,
procedures v	on the	20_/8, the foregoing preventive maintenance ccordance with current regulations of the N.C. functioning properly.
	V	
OREATS HE COREATS HE WAS A SHARE HE	O TOTAL CAROL	x
+ SUE QUAM	1 ang c	Certificate Number
	Signature of Certifying	Official Celtificate Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 008917 Test Date: 07/05/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG	Pass	10:28am
AIR BLK	.00	10:28am
ACCY CHK	. 0,8	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:33am
ATR BLK	0.0	10:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 008917 Test Record Number: 749

Test Date: 07/05/2018

Test Time: 10:34am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:34am
FLO	Pass	10:34am
FC	Pass	10:34am

Temperature Tests

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34am
DET	Pass	10:34am
BAR	Pass	10:34am
BT	Pass	10:34am

Blank Tests

Test	Status	Time

10:35am AIR Pass

Printer Tests

Test	Status	Time
	the second secon	

10:35am PRNT Pass

CRC Tests

Test Status Ti

COMP Pass 10:35am CAL Pass 10:35am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 2	RAVEN Instrument Location HAVELO	ck PD
Instrument S	erial No. 008700	· · · · · · · · · · · · · · · · · · ·
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follare:	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath size 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	4.
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath lic Breath Simulator tests,
I certify tha procedures Departmen	t on the	g preventive maintenance regulations of the N.C.
OF THE STA	TE ON NOR.	
GREAT S	Cang E Holl	354
	Signature of Certifying Official	Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 07/05/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722408 Exp Date: 08/12/2019

Test	g/210L	Time
DIAG	Pass	9:41am
AIR BLK	.00	9:42am
ACCY CHK	.08	9:42am
AIR BLK	.00	9:43am
SUB TEST	.00	9:44am
AIR BLK	.00	9:45am
SUB TEST	.00	9:46am
AIR BLK	.00	9:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800

Test Record Number: 1152

Test Date: 07/05/2018

Test Time: 9:48am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:48am 9:48am
FC	Pass	9:48am

Temperature Tests

Test	Status	Time
FC1	Pass	9:48am
SRC	Pass	9:48am
DET	Pass	9:48am
BAR	Pass	9:48am
BT	Pass	9:48am

Blank Tests

Test	Status	Time
AIR	Pass	9:49am

Printer Tests

Test	Status	Time
PRNT	Pass	9:49am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:49am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CR.	PAVEN Instrument Location CRAVEN COUNTY
Instrument Seria	Instrument Location GRAVEN COUNTY al No. 008737 SHERIFFS OFFICE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or procedures we Department of	n the
OF WESTATE OF ONE STATE OF ONE	Signature of Certifying Official Certificate Number

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 07/05/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG805802 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	12:21pm
AIR BLK	.00	12:21pm
ACCY CHK	.08	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm
SUB TEST		12:26pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Record Number: 2086 Test Date: 07/05/2018 Test Time: 12:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:28pm
FLO	Pass	12:28pm
FC	Pass	12:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC	Pass	12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

Blank Tests

Test	Status	Time
AIR	Pass	12:29pm

Printer Tests

Tesc	Status	TTIIIC
PRNT	Pass	12:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:29pm 12:29pm

Preventive Maintenance Status: Pass

Karl & Holf Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (aven Instrument Location BAT Mobile UnitL
Instrument Ser	ial No. 008698 <u>Ctaven Co 500</u>
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the
STATE ONE STATE OF THE STATE OF	

CRAVEN COUNTY BAT MOBILE UNIT 1 240

Serial Number: 008698 Test Date: 07/14/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, JASON R
Permit Number: 19145E
Effective:
03/01/2018-03/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG621403 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:12pm 10:13pm 10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 1 240

Serial Number: 008698 Test Record Number: 1375
Test Date: 07/14/2018 Test Time: 10:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:21pm
FLO	Pass	10:21pm
FC	Pass	10:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
${ t BT}$	Pass	10:21pm

Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

Printer Tests

Test

1000	Deacus	TIME
PRNT	Pass	10:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:22pm 10:22pm

Status

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PAVEN Instrument Location SAT MODE UND 6
Instrument Seri	al No. 008179 WANCENORO
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20_1 Y, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008779 Test Date: 07/27/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L Permit Number: 16896E Effective: 09/26/2017-01/26/2026

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	10:35pm 10:36pm
ACCY CHK	.07	10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:38pm
AIR BLK	.00	10:39pm
SUB TEST	.00	10:40pm
AIR BLK	.00	10:41pm

Reported_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008779 Test Record Number: 3497
Test Date: 07/27/2018 Test Time: 10:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:44pm
FLO	Pass	10:44pm
FC	Pass	10:44pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:44pm 10:44pm 10:44pm 10:44pm 10:44pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	10:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:45pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:45pm
CAL	Pass	10:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (withek	Instrument Location Curri hick (U S. O Corolle
Instrument Se	erial No. <u>008849</u>	1123 apanTrail, Corolla, MC.
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2.	Verify instrument displays tir	me and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompte	æd;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" ap	pears, collect breath sample;
7.	When "PLEASE BLOW" ap	pears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; a	ind
10.	Verify that the ethanol gas car simulator solution is being ch whichever occurs first.	nister is being changed before expiration date, or the alcoholic breath nanged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department o	ere performed on the instrument in	, 20 / S the forgoing preventive maintenance andicated above, in accordance with current regulations of the N.C. It the instrument is functioning properly.
STATE MENTS THE STATE OF THE ST	1.061 /	2nature of Certifying Official Certificate Number

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 07/18/2018

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	8:34am 8:35am
ACCY CHK	.07	8:36am
AIR BLK	.00	8:36am
SUB TEST	.00	8:37am
AIR BLK	.00	8:38am
SUB TEST	.00	8:40am
AIR BLK	.00	8:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 468
Test Date: 07/18/2018 Test Time: 8:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	8:42am
FLO	Pass	8:42am
FC	Pass	8:42am

Temperature Tests

Test	Status	Time
FC1	Pass	8:43am
SRC	Pass	8:43am
DET .	Pass	8:43am
BAR	Pass	8:43am
BT	Pass	8:43am

Blank Tests

Test	Status	Time
AIR	Pass	8:43am

Printer Tests

Test	Status	Time
PRNT	Pass	8:43am

CRC Tests

Test	Status	Time
COMP	Pass	8:43am
CAL	Pass	8:43am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Serial No. 008851 1044 Driffwood Dr. Manter M. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3: Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. _day of July , 20/ b the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008851 Test Date: 07/16/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	3:53pm
ACCY CHK	.00	3:54pm 3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:58pm
AIR BLK	.00	3:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008851 Test Record Number: 602 Test Date: 07/16/2018 Test Time: 4:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:01pm
FLO	Pass	4:01pm
FC	Pass	4:01pm

Temperature Tests

Test St	atus Time
FC1 Pa	ss 4:01pm
SRC Pa	ıss 4:01pm
DET Pa	ss 4:01pm
BAR Pa	ss 4:01pm
BT Pa	ss 4:01pm

Blank Tests

Test	Status	Time
		•
AIR	Pass	4:02pm

Printer Tests

rest	Status	Time
PRNT	Pass	4:02pm

CRC Tests

Test	Status	Time
COMP	Pass	4:02pm
CAL	Pass	4:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 19	Instrument Location Kill Deul Hills P.D.
Instrument Seria	11 No. DO 8844 102 Town Hall Dr., Kill Douil Hills
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the
THE STATE OF N. WAS CO. 1775 OF	Signature of Certifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 07/18/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	10:29am 10:30am
ACCY CHK	.08	10:31am 10:32am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844

Test Record Number: 2096

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:38am
FLO	Pass	10:38am
FC	Pass	10:38am

Temperature Tests

Status	Time
Pass Pass	10:38am 10:38am
Pass	10:38am
Pass Pass	10:38am 10:38am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:39am

Printer Tests

Test	Status	Time
PRNT	Pass	10:39am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:39am
CAL	Pass	10:39am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County L	PARE Instrument Location	Post to Activities
Instrument Se	erial No. 008804 1044 Dr.A	Hwool Dr. Manter, N
	ve maintenance procedures for the Intoximeters, Model Into	
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath samp	ole;
7.	When "PLEASE BLOW" appears, collect breath samp	ole;
8.	Print test record;	
9.	Verify Diagnostic Program, and	
10.	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months whichever occurs first.	
procedures w	on the day of 200, 200, 200 of Health and Human Services, and the instrument is function	ance with current regulations of the N.C.
STATE STATE OF STATE		
STE QUAM VI	Joseph A. Mush	647
•	Signature of Certifying Offi	cial Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 07/16/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646
Effective:
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	4:27pm 4:28pm
ACCY CHK	.07	4:29pm
AIR BLK	.00	4:29pm
SUB TEST	.00	4:30pm
AIR BLK	.00	4:31pm
SUB TEST	.00	4:32pm
ATR BLK	. 0.0	4:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804

Test Record Number: 2086

Test Date: 07/16/2018

Test Time: 4:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:36pm
FLO	Pass	4:36pm
FC	Pass	4:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:36pm
SRC	Pass	4:36pm
DET	Pass	4:36pm
BAR	Pass	4:36pm
\mathtt{BT}	Pass	4:36pm

Blank Tests

Test	Status	Time
AIR	Pass	4:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:37pm 4:37pm

Preventive Maintenance Status: Pass

4:37pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 2	Instrument Location DARE Co. S. O HATT.
Instrument Se	erial No. 00 8807 50346 NC HWY 10, Frisco, N.C.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program, and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on theday of, 20_/ the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF ALL STATES OF ALL STA	S NO THE CARD THE STATE OF THE
	Signature of Certifying Official Certificate Number
· ·	A D A MANUAL LIMITOR

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 07/17/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:35am 11:36am 11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	TT: 30am
AIR BLK	.00	11:39am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finds Mull
Analyst

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 957
Test Date: 07/17/2018 Test Time: 11:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:43am 11:43am
FC	Pass	11:43am

Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
\mathtt{BT}	Pass	11:43am

Blank Tests

Test	Status	Time
		÷
AIR	Pass	11:44am

Printer Tests

Test

PRNT	Pass	11:44am
	CRC Tests	
Test	Status	Time

Status

Time

COMP	Pass	11:44am
CAL	Pass	11:44am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	. INTOANGETERS, MODEL INTOX EC/IX II
County DA	VIDSON Instrument Location LexingTOV
Instrument Seri	ial No. 008883 Police Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the day of day of 20/2, the foregoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF THE OTHER PROPERTY OF THE OTHER CO. THE OT	

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 07/24/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
04/01/2017-04/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	2:15pm 2:15pm 2:16pm 2:17pm 2:18pm
AIR BLK	.00	2:18pm 2:19pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Lun Dean Analyst

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 1956

Test Date: 07/24/2018 Test Time: 2:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:22pm
FLO	Pass	2:22pm
FC	Pass	2:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:22pm
SRC	Pass	2:22pm
DET	Pass	2:22pm
BAR	Pass	2:22pm
\mathtt{BT}	Pass	2:22pm

Blank Tests

Test	Status	Time
AIR	Pass	2:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:23pm

CRC Tests

Test	Status	Time	
COMP	Pass	2:23pm	
CAL	Pass	2:23pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETER	S, MODEL IN F	<u>UX EC/IR</u>	. 11
County	AVIDSON	Instrument Location_	Thon	MASVIlle.
Instrument Se	erial No. <u>008872</u>	Police	Depr	Artment
			!	
The preventive four months a	ve maintenance procedures for the Into	oximeters, Model Intox E	CC/IR II to be for	bllowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the ale	coholic breath s	simulator thermometer show
2.	Verify instrument displays time a	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			:
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	rs, collect breath sample;		:
7.	When "PLEASE BLOW" appear	rs, collect breath sample;		·
. 8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniston simulator solution is being chang whichever occurs first.	er is being changed befor ed every four months or a	e expiration da after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
	on the 24 day of vere performed on the instrument indicate of Health and Human Services, and the	icatéd above, in accordan	ce with current	ng preventive maintenance regulations of the N.C.
THE STATE OF THE S	S COLUMN TO THE SAME OF THE SA	, · , ()		647.
		ure of Certifying Official	an	Certificate Number

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 07/24/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	1:27pm 1:28pm
ACCY CHK	.07	1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 1385
Test Date: 07/24/2018 Test Time: 1:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:34pm 1:34pm
FC	Pass	1:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:34pm
SRC	Pass	1:34pm
DET	Pass	1:34pm
BAR	Pass	1:34pm
${ t BT}$	Pass	1:34pm

Blank Tests

Test	Status	Time
AIR	Pass	1:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:35pm
	CRC Tests	

Tesc	Status	TIME
COMP	Pass	1:35pm
CAL	Pass	1:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Das	ZHAM Instrument Location DURHAM CO. JAIL
Instrument Seria	al No. 008651 ZIG S. MANGUM ST. DURHAM, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the <u>SO</u> day of <u>SUL7</u> , 20 / 8 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	CAROL .
ARIL 12, 178	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008651

Test Record Number: 1374

Test Date: 07/30/2018

Test Time: 3:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:20pm 3:20pm
FC	Pass	3:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:20pm
SRC	Pass	3:20pm
DET	Pass	3:20pm
BAR	Pass	3:20pm
BT	Pass	3:20pm

Blank Tests

Test	Status	Time
NTD	Dagg	3 • 21 mm

Printer Tests

Test	Status	ттше
PRNT	Pass	3:21pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:21pm
CAL	Pass	3:21pm

Preventive Maintenance Status: Pass

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008651 Test Date: 07/30/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
5-10	_	2 10
DIAG	Pass	3:12pm
AIR BLK	.00	3:13pm
ACCY CHK	.07	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	FRANKLIN Instrument Location FRANKLIN & LEC
Instrumer	Louisburg, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on the
ONE STATE OF	Signature of Certifying Official Certificate Number



FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 07/11/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S
Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	9:12am
AIR BLK	.00	9:13am
ACCY CHK	.08	9:14am
AIR BLK	.00	9:15am
SUB TEST	.00	9:15am
AIR BLK	.00	9:16am
SUB TEST	.00	9:17am
ATR RIK	. 0.0	9 · 18 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 1008
Test Date: 07/11/2018 Test Time: 9:19am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:19am
FLO	Pass	9:19am
FC	Pass	9:20am

Temperature Tests

Test	Status	Time
FC1	Pass	9:20am
SRC	Pass	9:20am
DET	Pass	9:20am
BAR	Pass	9:20am
BT	Pass	9:20am

Blank Tests

Test	Status	Time
ATR	Pass	9:20am

Printer Tests

Test	Status	Time
PRNT	Pass	9:20am
	CRC Tests	÷
Test	Status	Time
COMP CAL	Pass Pass	9:20am 9:20am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (intoximete Jasjon	Instrument Location_	Gaston County SD
Instrument S	erial No. <u>608643</u>	425 N.M	Varietta St., Gastania
The preventi	•	ntoximeters, Model Intox	EC/IR II to be followed at least once every
.1,	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.		alcoholic breath simulator thermometer sho
2.	Verify instrument displays time	e and date;	5 8
3.	Initiate breath test sequence;		
4.	Enter information as prompted	! ;	i 4
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample	e;
7.	When "PLEASE BLOW" app	ears, collect breath sample	e;
. 8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.			ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests
			the forgoing preventive maintenance with current regulations of the N.C. ing properly.
TATE OF TAX		,	
OF THE STAT	* OF THE STATE OF		
AND IS.	IMP	JARM .	656
	Sig	nature of Certifying Offici	ial Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 07/23/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective: 01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:58am 10:59am 11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Record Number: 2989
Test Date: 07/23/2018 Test Time: 11:07am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:07am
FLO	Pass	11:07am
FC	Pass	11:07am

Temperature Tests

Status	Time
Pass	11:08am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:08am

Printer Tests

Test	Status	Time
PRNT	Pass	11:08am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:08am 11:08am

Preventive Maintenance Status: Pass

Analysi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	ATES Instrument Location NATMODIF UNIT 6
Instrument Ser	rial No. OO 8637 CME
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the, 20_/V, the foregoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

GATES COUNTY BAT MOBILE UNIT 6 360

Serial Number: 008637 Test Date: 07/07/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L Permit Number: 16896E Effective: 09/26/2017-01/26/2026

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	6:48pm 6:49pm 6:50pm
AIR BLK	.00	6:51pm
SUB TEST	.00	6:51pm
AIR BLK	.00	6:52pm
SUB TEST	.00	6:54pm
AIR BLK	.00	6:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GATES COUNTY BAT MOBILE UNIT 6 360

Serial Number: 008637 Test Date: 07/07/2018

Test Record Number: 2929
Test Time: 6:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:57pm
FLO	Pass	6:57pm
FC	Pass	6:57pm

Temperature Tests

SRC Pass 6:57pm	Test	Status	Time
BAR Pass 6:57pm BT Pass 6:57pm	SRC DET BAR	Pass Pass Pass	6:57pm 6:57pm

Blank Tests

Test	Status	Time
AIR	Pass	6:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:58pm 6:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	Fraham Instrument Location Graham Co.	S.O.
	Gerial No. 008915 Robbinsville, NC	
The preventiv	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at learne:	ast once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;	rmometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	VIII T
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alc simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	oholic breath Simulator tests,
	t on theday of, 20/8 the forgoing preventivere performed on the instrument indicated above, in accordance with current regulations of Health and Human Services, and the instrument is functioning properly.	ve maintenance f the N.C.
STATE IN STA	(Jay N. Cartha 63	J. Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 107/06/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734102 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	11:40am
DIAG	rass	TT: 4 Oalli
AIR BLK	00	11:41am
ACCY CHK	.08	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am
SUB TEST	. 0.0	11:46am

11:47am

Reported AC: .00 g/210L

AIR BLK 00

Signature of Chemical Analyst

Court CVR

Analyst

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 739
Test Date: 07/06/2018 Test Time: 11:49am

System Check: Passed

Baseline Tests

Test Status	Time
IR Pass	11:49am
FLO Pass	11:49am
FC Pass	11:49am

Temperature Tests

Test	Status	Time
FC1	Pass	11:49am
SRC	Pass	11:49am
DET	Pass	11:49am
BAR	Pass	11:49am
BT	Pass	11:49am
and the second s	the contract of the contract o	

Blank Tests

Test	Status	Time
AIR	Pass	11:50am

Printer Tests

Test	Status	Time
PRNT	Pass	11:50am
	CRC Tests	
Test	Status	Time
COMP	Pass	11.50am

11:50am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	
County GR	IANVILLE Instrument Location CREED MOOR PD
Instrument Seri	al No. 008641 111 MASONIC ST CREEDMOOR, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the 3 day of , 20 8, the foregoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTH STATE OF THE	Signature of Certifying Official Certificate Number

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807102 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:55am 11:55am 11:56am 11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm

Reported AC: 00 g/210I

Signature of Chemical Analyst

Court CVR

Analyst

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 07/03/2018 Test Record Number: 1033 Test Time: 12:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:02pm
FLO	Pass	12:02pm
FC	Pass	12:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
BT	Pass	12:02pm

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:03pm

Preventive Maintenance Status: Pass

Pass

12:03pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County OR	ANUILLE Instrument Location OX FORD PD
Instrument Seria	Instrument Location OX FURD ID INO. 008923 ZOUE McCLAnahan ST OXFORD, NC
	Oxtores, ive
The preventive refour months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	theday of, 20 18, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF CHAM VIEW	Signature of Certifying Official Certificate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807102 Exp Date: 03/12/2020

Test g/210L Time

	•	
DIAG	Pass	1:44pm
AIR BLK	.00	1:45pm
ACCY CHE	.07	1:46pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
ATR BLK	. 00	1:50pm

Reported AC: __ 00

,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 1791 Test Date: 07/03/2018 Test Time: 1:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:51pm
FLO	Pass	1:51pm
FC	Pass	1:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:51pm
SRC	Pass	1:51pm
DET	Pass	1:51pm
BAR	Pass	1:51pm
\mathtt{BT}	Pass	1:51pm

Blank Tests

Test	Status	Time
AIR	Pass	1:52pm

Printer Tests

Test	status	Time
PRNT	Pass	1:52pm

CRC Tests

Test	Status	Time
COMP	Pass	1:52pm
CAL	Pass	1:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	Arcene	Instrument Locati			
Instrument So	Serial No. 008670				
The prevention four months a	ive maintenance procedures for the Into are:	oximeters, Model In	tox EC/IR II to b	e followed at leas	t once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		he alcoholic brea	th simulator therr	nometer shows
2.	Verify instrument displays time a	nd date;	·		
3.	Initiate breath test sequence;			•	
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appear	rs, collect breath sar	nple;		*
7.	When "PLEASE BLOW" appear	rs, collect breath sar	nple;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canisted simulator solution is being chang whichever occurs first.				
	and T		3 C. T.		
	on the day of 4 were performed on the instrument indic of Health and Human Services, and the		dance with curre	rgoing preventive nt regulations of t	maintenance the N.C.
STATI STATISTICS THE STATISTICS OF THE STATIST OF THE STATIS	E OL VOJENI				
APRIL 12. III	WORLD AND AND AND AND AND AND AND AND AND AN			1	47
	Signat	ure of Certifying O	fficial	Certificate	Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 07/02/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807102 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:41am 10:42am 10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finish Keesl
Analyst

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 T

Test Record Number: 1752
Test Time: 10:48am EDT

Test Date: 07/02/2018 Test Time: 10:48am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:49am 10:49am
FC	Pass	10:49am

Temperature Tests

Test	Status	Time
FC1	Pass	10:49am
SRC	Pass	10:49am
DET	Pass	10:49am
BAR	Pass	10:49am
BT	Pass	10:49am

Blank Tests

Test	Status	Time
AIR	Pass	10:50am

Printer Tests

Test	Status	Time
PRNT	Pass	10:50am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:50am
CAL	Pass	10:50am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County GY	ene	Instrument Location_	Greene Co. S.O.
Instrument Seria	No. 008588	301 W. GV	eine St., Snow Hill,
The preventive n four months are:	naintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		alcoholic breath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	1;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sampl	e;
7.	When "PLEASE BLOW" ap	pears, collect breath sampl	e;
8.	Print test record;		•
9.	Verify Diagnostic Program; a	nd	
I certify that on procedures were Department of H	simulator solution is being ch whichever occurs first.	anged every four months on the desired above, in accordance	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests, the forgoing preventive maintenance maintenance with current regulations of the N.C. ting properly.
THE STATE OF A STATE O	Kau	2 A A Special	cial Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008588 Test Date: 07/19/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG807102 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	10:05am
AIR BLK	.00	10:07am
ACCY CHK	.07	10:07am
AIR BLK	.00	10:08am
SUB TEST	.00	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:11am
ATR BLK	. 0.0	10:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GREENE COUNTY GREENE CO SO 390

Serial Number: 008588 Test Record Number: 972 Test Date: 07/19/2018 Test Time: 10:19am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:20am 10:20am
FC	Pass	10:20am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:20am 10:20am
DET	Pass	10:20am
BAR	Pass	10:20am
${ t BT}$	Pass	10:20am

Blank Tests

Test	Status	Time
AIR	Pass	10:21am

Printer Tests

Test	Status	Time
PRNT	Pass	10:21am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:21am
CAL	Pass	10:21am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Co	rilford Instrument Location Bot Mobile Unit 8 Co		
Instrument Se	rial No. 608775 High Point PD		
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	on the, 20, 20, 20, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.		
STATE OF THE STATE	Signature of Certifying Official Certificate Number		

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

HIGH POINT BAT MOBILE UNIT 8 401

Serial Number: 008775 Test Date: 07/20/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:52pm 11:53pm
ACCY CHK	.07	11:53pm
AIR BLK	.00	11:54pm
SUB TEST	.00	11:55pm
AIR BLK	.00	11:55pm
SUB TEST	.00	11:57pm
AIR BLK	.00	11:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DB Stunin Analyst

HIGH POINT BAT MOBILE UNIT 8 401

Serial Number: 008775

Test Record Number: 1772

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:59pm 11:59pm
FC	Pass	12:00am

Temperature Tests

Test	Status	Time
FC1	Pass	12:00am
SRC	Pass	12:00am
DET	Pass	12:00am
BAR	Pass	12:00am
BT	Pass	12:00am

Blank Tests

Test	Status	Time
AIR	Pass	12:00am

Printer Tests

Test	Status	Time
PRNT	Pass	12:00am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

12:00am

12:00am

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	UI FORD Instrument Location High Point JAI
Instrument Se	000155
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TARE OUR STATE OF THE STATE OF	

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 07/24/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702302 Exp Date: 01/23/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:12pm 3:13pm 3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:18pm

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655

Test Record Number: 3321

Test Date: 07/24/2018

Test Time: 3:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:19pm
FLO	Pass	3:19pm
FC	Pass	3:20pm

Temperature Tests

Status	Time
Pass	3:20pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ΔTR	Pagg	3 · 20rom

Printer Tests

Test	Status	Time
PRNT	Pass	3:20pm

CRC Tests

Test	Status	Time
COMP	Pass	3:20pm
CAL	Pass	3:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	larest Instrument Location SAT Mobile Unit /
Instrument Se	erial No. 008788
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposed ures we Department of	on the
CON STATE OF THE S	Signature of Certificing Official Certificate Number

HARNETT COUNTY BAT MOBILE UNIT 1 420

Serial Number: 008788 Test Date: 07/06/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, JASON R
Permit Number: 19145E
Effective:
03/01/2018-03/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG	Pass	10:03pm
AIR BLK	.00	10:04pm
ACCY CHK	.07 [°]	10:04pm 10:05pm
SUB TEST	.00	10:05pm
AIR BLK	.00	10:07pm
SUB TEST	.00	10:08pm
ATR BLK	.00	10:09pm

Reported AC: 00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY BAT MOBILE UNIT 1 420

Serial Number: 008788

Test Record Number: 1358 Test Date: 07/06/2018 Test Time: 10:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:15pm
FLO	Pass	10:15pm
FC	Pass	10:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:15pm
SRC	Pass	10:15pm
DET	Pass	10:15pm
BAR	Pass	10:15pm
BT	Pass	10:15pm

Blank Tests

Test	Status	Time
AIR	Pass	10:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:16pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:16pm
CAL	Pass	10:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H	PATFORD	Instrument Location SAT N	1002 F UNIT G
Instrument Se	erial No. <u>OO % </u>	Arioskze	
The preventive four months a		Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic breadegree centigrade;	th simulator thermometer show
2.	Verify instrument displays tir	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
· 7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nister is being changed before expiration anged every four months or after 125 A	
	vere performed on the instrument	indicated above, in accordance with curned the instrument is functioning proper	ent regulations of the N.C.
STATE STATE OF THE		gnature of Certifying Official	Certificate Number

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008686 Test Date: 07/04/2018

Citation Number: M0000000-0
Subject's Name: NONE, NONE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L Permit Number: 16896E Effective: 09/26/2017-01/26/2026

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	9:39pm 9:40pm
ACCY CHK	.07	9:41pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:47pm
ATR BLK	.00	9:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008686

Test Record Number: 6577

Test Date: 07/04/2018

Test Time: 9:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:51pm
FLO FC	Pass Pass	9:51pm 9:51pm
- -	1 455	2.075

Temperature Tests

Test	Status	Time
FC1	Pass	9:51pm
SRC	Pass	9:51pm
DET	Pass	9:51pm
BAR	Pass	9:51pm
BT	Pass	9:51pm

Blank Tests

Test	Status	Time
AIR	Pass	9:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:52pm

CRC Tests

Test	Status	Time
COMP	Pass	9:52pm
CAL	Pass	9:52pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. 💪	08714	Waynesu	lle ur	
- <u></u>			11. 11.	
The preventive maintena four months are:	nce procedures for the	Intoximeters, Model In	tox EC/IR II to be follo	wed at least once every
	the ethanol gas caniste rees, plus or minus .2 c		he alcoholic breath sim	ulator thermometer show
2. Verify	instrument displays tir	ne and date;		
3. Initiate	breath test sequence;			
4. Enter i	nformation as prompte	d;		
5. Verify	instrument accuracy;			
6. When	"PLEASE BLOW" ap	pears, collect breath san	nple;	1
7. When	"PLEASE BLOW" ap	pears, collect breath sar	nple;	
8. Print t	est record;		-	
9. Verify	Diagnostic Program; a	nd		
simula		nister is being changed anged every four month		or the alcoholic breath ic Breath Simulator tests,
I certify that on the	day ofday of	ndicated above, in accor	dance with current reg	g preventive maintenance ulations of the N.C.
THE STATE OF A CAROLINA CAROLI	Onit	P. Cut		635

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 07/05/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG621501 Exp Date: 08/02/2018

Test	g/210L	Time
DIAG AIR BLK	Pass	10:25am 10:27am
ACCY CHK	.00	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:31am
ATR BLK	- 0.0	10:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 07/05/2018

Test Record Number: 1483

Test Time: 10:34am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:34am 10:34am
FC	Pass	10:34am

Temperature Tests

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34am
DET	Pass	10:34am
BAR	Pass	10:34am
BT	Pass	10:34am

Blank Tests

Test	Status	Time
AIR	Pass	10:35am

Printer Tests

Test	Status	Time
PRNT	Pass	10:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:35am

Preventive Maintenance Status: Pass

Pass

10:35am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETI	ERS, MODEL INTOX E	C/IR II
County Ha	ywood	_ Instrument Location Have	good County Jail
Instrument Seri	ial No. <u>008712</u>	Waynesville,	NC
The preventive four months are		Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays tir	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	opears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	•
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being changed before expi hanged every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	ere performed on the instrument	indicated above, in accordance with the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. perly.
O'THE STATE OF THE	No.	P. R. Cuth	Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 07/05/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG702401 Exp Date: 02/24/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	10:24am 10:25am
ACCY CHK	.07	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 07/05/2018

Test Record Number: 2072
Test Time: 10:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:32am
${ t FLO}$	Pass	10:32am
FC	Pass	10:32am

Temperature Tests

Test	Status	Time
FC1	Pass	10:32am
SRC	Pass	10:32am
DET	Pass	10:32am
BAR	Pass	10:32am
\mathtt{BT}	Pass	10:32am

Blank Tests

Test	Status	Time
AIR	Pass	10:33am

Printer Tests

Status	Time
Pass	10:33am
CRC Tests	
Status	Time
	Pass CRC Tests

COMP Pass 10:33am CAL Pass 10:33am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Hyde	Instrument Location Hyde (o. 5.	0
Instrume	ent Serial No. OO8SOL	Instrument Location Hyde Co. S.	a Quester,
	eventive maintenance procedures for tho	ne Intoximeters, Model Intox EC/IR II to be followed a	at least once every
1.	. Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic breath simulator 2 degree centigrade;	r thermometer shows
2.	2. Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	; ;	
4.	Enter information as promp	oted;	
5	5. Verify instrument accuracy;	,· ,	·
6	6. When "PLEASE BLOW" a	appears, collect breath sample;	
7	7. When "PLEASE BLOW" a	appears, collect breath sample;	
8	Print test record;		
9	9. Verify Diagnostic Program;	; and	
10.	Verify that the ethanol gas of simulator solution is being whichever occurs first.	canister is being changed before expiration date, or the changed every four months or after 125 Alcoholic Bre	e alcoholic breath eath Simulator tests,
procedu	y that on theday of ures were performed on the instrument ment of Health and Human Services, a	t indicated above, in accordance with current regulationand the instrument is functioning properly.	ventive maintenance ons of the N.C.
COREATOR AS	STATE OF AND	(4) C	1/3
		Signature of Certifying Official Cer	tificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 07/05/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702402

Exp Date: 01/24/2019

Test

DIAG	Pass	9:53am
AIR BLK	.00	9:54am
ACCY CHK	.08	9:55am
AIR BLK	.00	9:56am

g/210L

Time

SUB TEST .00 9:56am

AIR BLK .00 9:57am

 SUB TEST .00
 9:59am

 AIR BLK .00
 10:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801

Test Record Number: 469

Test Date: 07/05/2018

Test Time: 10:01am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:01am
FLO	Pass	10:01am
FC	Pass	10:01am

Temperature Tests

Test	Status	Time
FC1	Pass	10:01am
SRC	Pass	10:01am
DET	Pass	10:01am
BAR	Pass	10:01am
BT	Pass	10:01am

Blank Tests

Test	Status	Time
7. TD	Dacc	10.02am

Printer Tests

Test	Status	Time
PRNT	Pass	10:02am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:02am

Pass

10:02am

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location Hyde Co. 5.0 - Ocraco al No. 008797 NC 12, Ocracoke, N.C.
Instrument Seria	11 No. 008797 NC 12, Ocracoke, N.C.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 07/17/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:44pm 2:45pm 2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797

Test Record Number: 550

Test Date: 07/17/2018

Test Time: 2:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:52pm
FLO	Pass	2:52pm
FC	Pass	2:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:52pm
SRC	Pass	2:52pm
DET	Pass	2:52pm
BAR	Pass	2:52pm
\mathtt{BT}	Pass	2:52pm

Blank Tests

Test	Status	Time
AIR	Pass	2:53pm

Printer Tests

Test	Status	.i.ıme
PRNT	Pass	2:53pm

CRC Tests

Test	Status	Time
COMP	Pass	2:53pm
CAL	Pass	2:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location I redell County SD
Instrument Seri	Instrument Location I redell County SD al No. 008809 201 E. Wyfer St. Stytes ville
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of , 20 18 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE PROPERTY OF	Signature of Certificing Official Certificate Number

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 07/06/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902 Exp Date: 05/29/2020

g/210L	Time
Pass .00 .07	7:55pm 7:56pm 7:57pm
.00	7:58pm
.00	7:58pm
.00	7:59pm
.00	8:01pm
.00	8:02pm
	Pass .00 .07 .00 .00

Reported AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 07/06/2018

Test Record Number: 3949

Test Time: 8:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:03pm
FLO	Pass	8:03pm
FC	Pass	8:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:03pm
SRC	Pass	8:03pm
DET	Pass	8:03pm
BAR	Pass	8:03pm
BT	Pass	8:03pm

Blank Tests

Test	Status	Time
AIR	Pass	8:04pm

Printer Tests

rest	Status	Time
PRNT	Pass	8:04pm

TI-i ma

CRC Tests

Test	Status	Time
COMP	Pass	8:04pm
CAL	Pass	8:04pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JONES	Instrument Location <u>J</u>	BAT MOBILE	UNIT 9
Instrument Se	erial No. <u> </u>	e	TRENTON, A	1 C.
The preventive four months a	ve maintenance procedures for the Intre:	ntoximeters, Model Intox EC	IR II to be followed at le	east once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		oholic breath simulator th	ermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		į
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.			
I certify that opposed ures we Department of	on the <u>Lo</u> day of <u>J</u> erre performed on the instrument income of Health and Human Services, and the services of the services o	icated above, in accordance the instrument is functioning	the forgoing prevent with current regulations of properly.	tive maintenance of the N.C.
THE STATE OF THE S	CAROLINI CAR			
ESSE QUAM VI	_ Olim F	La Bair		,48
	Sign	nature of Certifying Official	Certific	ate Number

JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008647 Test Date: 07/06/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:15pm 10:16pm 10:16pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:21pm
ATR BIK	.00	10:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ra Ban Analyst

JONES COUNTY BAT MOBILE UNIT 9 510

Serial Number: 008647 Test Record Number: 2419
Test Date: 07/06/2018 Test Time: 10:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:24pm
FLO	Pass	10:24pm
FC	Pass	10:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:25pm
SRC	Pass	10:25pm
DET	Pass	10:25pm
BAR	Pass	10:25pm
\mathtt{BT}	Pass	10:25pm

Blank Tests

Test	Status	Time	ļ

10:25pm

Printer Tests

Pass

AIR

Test	Status	Time
PRNT	Pass	10:25pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:25pm
CAL	Pass	10:25pm

Preventive Maintenance Status: Pass

alun Ry Bans Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JONES Instrument Location Jones County
Instrument Seri	al No. 008705 SHERIFF'S OFFICE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department o	on the
O'THE STATE OF THE	Signature of Certifying Official Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 07/05/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	1:10pm
AIR BLK	.00	1:11pm
ACCY CHK	.07	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Record Number: 1255
Test Date: 07/05/2018 Test Time: 1:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time		
IR	Pass	1:17pm		
FLO	Pass	1:17pm		
FC	Pass	1:17pm		

Temperature Tests

Test Status		Time
FC1	Pass	1:17pm
SRC	Pass	1:17pm
DET	Pass	1:17pm
BAR	Pass	1:17pm
${ t BT}$	Pass	1:17pm

Blank Tests

Test	Status	Time		
AIR	Pass	1:18pm		

Printer Tests

Test	Status	Time		
PRNT	Pass	1:18pm		
	CRC Tests			
Test	Status	Time		
COMP	Pass	1:18pm		

Preventive Maintenance Status: Pass

Pass

1:18pm

CAL

March & Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	1	KS, MODEL INTOX	O î
County	LEE	Instrument Location	ANFORD TOLICE L
Instrument Se	erial No. 00 88 6 7	SANFOR	ANFORD POLICE Î
The preventive four months a	ve maintenance procedures for the Ir	itoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appo	ears, collect breath sample;	
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can	ster is being changed before expir	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that procedures v Department	t on theday of were performed on the instrument in of Health and Human Services, and	idicated above, in accordance with	foregoing preventive maintenance current regulations of the N.C. operly.
STAT	F or		
CAREAT	CAROL	•	
ARL IS, TO	_ alm t	2, Bans	648
	Sign	nature of Certifying Official	Certificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 07/19/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

07/01/2017-07/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807102 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	2:15pm
AIR BLK	.00	2:15pm
ACCY CHK	.07	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867

Test Record Number: 1059

System Check: Passed

Baseline Tests

Test	Status	Time
	•	1.00
IR	Pass	2:22pm
FLO	Pass	2:22pm
FC	Pass	2:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:22pm
SRC	Pass	2:22pm
DET	Pass	2:22pm
BAR	Pass	2:22pm
BT	Pass	2:22pm

Blank Tests

Test	Status	Time
AIR	Pass	2:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:23pm
	CRC Tests	-

Test	Status	Time		
COMP	Pass	2:23pm		
CAL	Pass	2:23pm		

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Lincoln	Instrume	ent Location	Linco	In Count	y Cour	thouse
Instrumen	nt Serial No. <u>008823</u>	#1	Court	house	Square	Linco	1 nton
The preve	entive maintenance procedures for the Inches are:	toximeters,	Model Into	c EC/IR II to	be followed at	least once ev	very
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg			alcoholic br	eath simulator t	thermometer	shows
2.	Verify instrument displays time	and date;					
3.	Initiate breath test sequence;		• '				
4.	Enter information as prompted;				•	•	
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" appe	ars, collect	breath samp	le;			· .
7.	When "PLEASE BLOW" appe	ars, collect	breath samp	le;			
8.	Print test record;						
9.	Verify Diagnostic Program; and				.*		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.						
procedure	hat on the <u>2844</u> day of <u>Jur</u> es were performed on the instrument indient of Health and Human Services, and the	cated above	e, in accorda	nce with cu			nance
CREAT SCA	TATE OF NORTH CARD		Lauren			- (
A CASE OF	Man E.	Hus	LIE II OSS		65	<i>Ø</i>	·
	// (/ Signi	ature of Cet	tifying Offi	Jidi	Certif	icate Numbe	F

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 06/28/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH
Permit Number: 19951E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722408 Exp Date: 08/12/2019

Test	g/210L	Time
DIAG	Pass	3:53pm
AIR BLK	.00	3;53pm
ACCY CHK	.08	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:58pm
AIR BLK	.00	3:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Record Number: 1414
Test Date: 06 28 2018 Test Time: 4:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR.	Pass	4:00pm
FLO	Pass	4:00pm
FC	Pass	4:00pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	4:00pm 4:00pm 4:00pm 4:00pm
BT	Pass	4:00pm

Blank Tests

Test	Status	Time
ATR		
AIR	Pass ·	4:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:01pm
	CRC Tests	·
Test	Status	Time
COMP	Pass	4:01pm

Preventive Maintenance Status: Pass

CAL

Pass

4:01pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	lacon	Instrument Location Macon	Co. Juil
Instrument Se	erial No. <u>008789</u>	Franklin, NC	· · · · · · · · · · · · · · · · · · ·
	·	,	
The preventive four months a		ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	· •	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd .	
10.		ister is being changed before expiration d inged every four months or after 125 Alco	
I certify that oprocedures we Department o	on theday ofday of	the forg dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
TOTAL STATE OF THE	Sign	nature of Certifying Official	Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 07/19/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457
Effective:
09/01/2017-09/01/2019

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG716202 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	11:13am 11:14am
ACCY CHK	.07	11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 626
Test Date: 07/19/2018 Test Time: 11:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:20am
FLO	Pass	11:20am
FC	Pass	11:20am

Temperature Tests

Status	Time
Pass	11:20am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:21am

Printer Tests

Test	Status	Time .
PRNT	Pass	11:21am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:21am

Pass

11:21am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

./\.	4	MS, MODEL INTOX EC	and the same of th
County M	acon	Instrument Location Maco	n Co. Jail
Instrument Ser	rial No. <u>() 08618</u>	Franklin, Ne	
The preventive four months as		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the alcoholic begree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	l ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd .	
10.		nister is being changed before expiration anged every four months or after 125	
I certify that of procedures we Department of	n the	the dicated above, in accordance with cur the instrument is functioning properly	forgoing preventive maintenance rrent regulations of the N.C.
COUNTY OF THE PARTY OF THE PART	CAROLINA A CAROLI)	
STE QUAM VIDE	- Out	R. Cuth	635
	Sig	nature of Certifying Official	Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 07/19/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG722408 Exp Date: 08/12/2019

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:13am 11:14am
ACCY CHK	.07	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:19am
ATR BLK	0.0	11:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Test Record Number: 1860 Serial Number: 008618

Test Date: 07/19/2018 Test Time: 11:21am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLO	Pass	11:21am
FC	Pass	11:21am

Temperature Tests

Blank Tests

Test	Status	Time
AIR	Pass	11:22am

Printer Tests

PRNT Pass 11:22am	Test	Status	Time
	PRNT	Pass	11:22am

CRC Tests

Test	Status	Time
COMP	Pass	11:22am
CAL	Pass	11:22am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	Instrument Location Martin (o. 5.0,
Instrument Ser	ial No. 008912 305 E. Main St., Williamston, 1
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the 3 day of July , 20/8 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Thealth and Human Services, and the instrument is functioning properly.
APRICA DISTANCE COMMUNICATION OF THE COMMUNICATION	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 07/03/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	10:52am 10:53am
ACCY CHK	.08	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 1377 Test Date: 07/03/2018

Test Time: 11:00am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:01am
FLO	Pass	11:01am
FC	Pass	11:01am

Temperature Tests

Test	Status	Time
FC1	Pass	11:01am
SRC	Pass	11:01am
DET	Pass	11:01am
BAR	Pass	11:01am
ВŢ	Pass	11:01am

Blank Tests

Test	Status	Time
AIR	Pass	11:01am

Printer Tests

Test	Status	Time
PRNT	Pass	11:01am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:02am
CAL	Pass	11:02am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

I to be followed at least once every
I to be followed at least once every
breath simulator thermometer show
ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
the forgoing preventive maintenance current regulations of the N.C. erly.
Certificate Number
1

MECKLENBURG BAT MOBILE 3 590

Serial Number: 008090 Test Date: 07/26/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W
Permit Number: 07281E
Effective:
02/01/2018-02/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:23pm 10:24pm 10:25pm 10:26pm 10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.,00	10;29pm
AIR BLK	/00	10/29pm/

Reported/AC: .

.00/g/210/

Signature of Chemical Analyst

Court/CVR

Analyst

MECKLENBURG BAT MOBILE 3 590

Serial Number: 008090 Test Record Number: 115

Test Date: 07/26/2018

Test Time: 10:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:33pm 10:33pm
FTIO	rass	
FC	Pass	10:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:33pm
SRC	Pass	10:33pm
DET	Pass	10:33pm
BAR	Pass	10:33pm
BT	Pass	10:33pm

Blank Tests

Test	Status	Time	

AIR Pass 10:34pm

Printer Tests

Test	AL = L = = .	1771
TOST	Status	Time

PRNT 10:34pm Pass

CRC Tests

Test	Status	Time
COMP	Pass	10:34pm
CAL	Pass	10:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

T ((0)	2 22
Instrument Sei	Meckler Burk Instrument Location BAT MOBILE 3 rial No. 608971 CMD
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
STATE STATE	
WWW.D. SHIP	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE 3 590

Serial Number: 008971 Test Date: 07/26/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W

Permit Number: 07281E

Effective:

02/01/2018-02/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621404 Exp Date: 08/01/2018

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:50pm 9:51pm 9:51pm 9:52pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm
SUB TEST	.96	9 ; /5/5pm/
AIR BLK	/ 00	9/:/56pp

Reported AC:

,00/g/2/10I

Signature of Chemical A

Analyst

Court CNR

Analyst,

This form is used when performing Preventive/Maintenance procedures
Forensic Tests for Alcohol/Branch
Department of Health and Human Services

Rev. 12/2007

MECKLENBURG BAT MOBILE 3 590

Serial Number: 008971 Test Date: 07/26/2018 Test Record Number: 221
Test Time: 9:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:59pm
FLO	Pass	9:59pm
FC	Pass	9:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:59pm
SRC	Pass	9:59pm
DET	Pass	9:59pm
BAR	Pass	9:59pm
BT	Pass	9:59pm

Blank Tests

Test	Status	Time
AIR	Pass	9:59pm

Printer Tests

rest	Status	Time
PRNT	Pass	9:59pm

CRC Tests

Test	Status	Time
COMP	Pass	10:00pm
CAL	Pass	10:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II **Instrument Location** Instrument Serial No. () The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; Verify Diagnostic Program; and 9. 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 07/11/2018

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	10:26am
AIR BLK	.00	10:27am
ACCY CHK	.08	10:27am
AIR BLK	.00	10:29am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:31am
AIR BLK	.00	10:32am

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Te Test Date: 07/11/2018 T

Test Record Number: 7264
Test Time: 10:34am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:34am
FC	Pass	10:35am

Temperature Tests

Test	Status	Time
FC1	Pass	10:35am
SRC	Pass	10:35am
DET	Pass	10:35am
BAR	Pass	10:35am
BT	Pass	10:35am

Blank Tests

Test	Status	Time
AIR	Pass	10:35am

Printer Tests

Test	Status	Time
PRNT	Pass	10:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:35am

Pass

10:35am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Mecklenburg Instrument Location Matthews PD
Instrume	nt Serial No. 008699 1201 Crews Rd, Matthews
The previous four more	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the <u>A3rA</u> day of <u>July</u> , 20 <u>\S</u> the forgoing preventive maintenance res were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
REAT SET	STATE ON TO THE CARE
	Deph C. Hoto 650
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 07/23/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH

Permit Number: 19951E Effective: 08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	12:34pm 12:35pm
ACCY CHK	.07	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12: 39pm
SUB TEST		12:40pm
AIR BLK	.00	12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 2657

Test Date: 07/23/2018

Test Time: 12:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLO	Pas s	12:43pm
FC	Pas s	12:43pm

Temperature Tests

Test	Sta tus	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

Blank Tests

rest	sta tus	Time
• •		
ATR	Pass	12:44pm

Printer Tests

Test	Sta tus	Time
PRNT	Pas s	12:44pm
	CPC Tests	

Test	Sta tus	Time
COMP	Pass	12:44pm
CAL	Pass	12:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/Y	1 ant goney Instrument Location BAT Mobile Un. 77
Instrument S	erial No. <u>008707</u>
.* "	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
STATI STATI	660
	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY BAT MOBILE UNIT 7 610

Serial Number: 008707

Test Record Number: 2525

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:47pm 6:47pm
FC	Pass	6:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:47pm
SRC	Pass	6:47pm
DET	Pass	6:47pm
BAR	Pass	6:47pm
BT	Pass	6:47pm

Blank Tests

Test	Status	Time
AIR	Pass	6:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:48pm
	CRC Tests	

Test	Status	Time
COMP	Pass	6:48pm
CAL	Pass	6:48pm

Preventive Maintenance Status: Pass

Analyst

MONTGOMERY COUNTY BAT MOBILE UNIT 7 610

Serial Number: 008707 Test Date: 07/28/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2018-03/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	6:39pm
AIR BLK	.00	6:40pm
ACCY CHK	.08	6:41pm
AIR BLK	.00	6:42pm
SUB TEST	.00	6:42pm
AIR BLK	00	6:43pm
SUB TEST	.00	6:45pm
AIR BLK	.00	6:46pm

Reported AC:____00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mo	intsomery County Instrument Location BAT Mobile Unit 7
Instrument Se	erial No. 008616 MCWRC.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY BAT MOBILE UNIT 7 610

Serial Number: 008616 Test Date: 07/28/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, JASON R Permit Number: 19145E

Effective:

03/01/2018-03/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	6:41pm 6:42pm
ACCY CHK	.0,7	6:42pm
AIR BLK	.00	6:43pm
SUB TEST	.00	6:44pm
AIR BLK	.00	6:45pm
SUB TEST	.00	6:47pm
AIR BLK	.00	6:48pm

Reported AC: __00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

MONTGOMERY COUNTY BAT MOBILE UNIT 7 610

Serial Number: 008616 Test Date: 07/28/2018 Test Record Number: 2414

Test Time: 6:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:54pm
FLO	Pass	6:54pm
FC	Pass	6:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:54pm
SRC	Pass	6:54pm
DET	Pass	6:54pm
BAR	Pass	6:54pm
BT	Pass	6:54pm

Blank Tests

Test	Status	Time
AIR	Pass	6:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:55pm
	CRC Tests	

Test	Status	Time
COMP	Pass	6:55pm
CAL	Pass	6:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County May	itgomer Instrument Location BAT mobile Un.77
Instrument Ser	ial No. 028647 NCWRC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 28 day of 50, 20 8 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE CHEAT	ACORDER DE LA CORDER DE LA CORD
TOPA 12. THE	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY BAT MOBILE UNIT 7 610

Serial Number: 008647 Test Date: 07/28/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, JASON R
Permit Number: 19145E
Effective:
03/01/2018-03/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	7:03pm
AIR BLK	.00	7:04pm
ACCY CHK	.07	7:05pm
AIR BLK	.00	7:06pm
SUB TEST	.00	7:06pm
AIR BLK	.00	7:07pm
SUB TEST	.00	7:09pm
AIR BLK	.00	7:09pm

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

MONTGOMERY COUNTY BAT MOBILE UNIT 7 610

Serial Number: 008647 Test Record Number: 2423
Test Date: 07/28/2018 Test Time: 7:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:13pm
FLO	Pass	7:13pm
FC	Pass	7:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:13pm
SRC	Pass	7:13pm
DET	Pass	7:13pm
BAR	Pass	7:13pm
BT	Pass	7:13pm

Blank Tests

Test	Status	Time
AIR	Pass	7:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:14pm 7:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	MONTLOMENY Instrument Location SAT MODE UNIT 6
Instrume	nt Serial No. <u>60 85 84</u>
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5	Verify instrument accuracy;
6	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedi	that on the day of day
CREAT SE	SIATE ON TO THE STATE OF THE ST
	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY BAT MOBILE UNIT 6 610

> Serial Number: 008584 Test Date: 07/03/2018 Citation Number: M0000000-0

> > Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L Permit Number: 16896E Effective: 09/26/2017-01/26/2026

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	6:16pm
AIR BLK	.00	6:17pm
ACCY CHK	.07	6:17pm
AIR BLK	.00	6:18pm
SUB TEST	.00	6:19pm
AIR BLK	.00	6:20pm
SUB TEST	.00	6:21pm
AIR BLK	.00	6:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MONTGOMERY COUNTY BAT MOBILE UNIT 6 610

Serial Number: 008584 Test Record Number: 2212

Test Date: 07/03/2018 Test Time: 6:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:26pm
FLO	Pass	6:26pm
FC	Pass	6:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:27pm
SRC	Pass	6:27pm
DET	Pass	6:27pm
BAR	Pass	6:27pm
BT	Pass	6:27pm

Blank Tests

Test	Status	Time
AIR	Pass	6:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:27pm

CRC Tests

Test	Status	Time
COMP	Pass	6:27pm
CAL	Pass	6:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	UNTLUMENT Instrument Location 1 AT MONTH UNIT 6
Instrument S	erial No. OO 8637 MT. GILAN
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on theday of, 20, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
TAND STAN STAN STAN STAN STAN STAN STAN STAN	CAROLL CA

MONTGOMERY COUNTY BAT MOBILE UNIT 6 610

Serial Number: 008637 Test Date: 07/03/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L
Permit Number: 16896E
Effective:
09/26/2017-01/26/2026

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	6:08pm 6:09pm
AIR BLK	.00	6:10pm 6:11pm
SUB TEST AIR BLK	.00 .00	6:11pm 6:12pm
SUB TEST AIR BLK	.00 .00	6:14pm 6:14pm
		<u> </u>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MONTGOMERY COUNTY BAT MOBILE UNIT 6 610

Serial Number: 008637 Test Record Number: 2923 Test Date: 07/03/2018 Test Time: 6:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:18pm
FLO	Pass	6:18pm
FC	Pass	6:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:18pm
SRC	Pass	6:18pm
DET	Pass	6:18pm
BAR	Pass	6:18pm
BT	Pass	6:18pm

Blank Tests

Test	Status	Time
AIR	Pass	6:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:19pm 6:19pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_//	VasH 1	Instrument Location ROCKY	Mount PD.
		+ 1 GOVERNMENT PUCKY MOINT	
The preventive four months a	ive maintenance procedures for the Intoxi		
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		h simulator thermometer show
2.	Verify instrument displays time and	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		is being changed before expiration a levery four months or after 125 Alc	
procedures w	et on the day of Jule were performed on the instrument indicate t of Health and Human Services, and the	ated above, in accordance with curre	ent regulations of the N.C.
THE STATE OF THE PROPERTY OF T	Staller	re of Certifying Official	Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 07/02/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S
Permit Number: 11434E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:11am 11:12am 11:12am
AIR BLK SUB TEST	.00	11:12am 11:14am
AIR BLK	.00	11:14am 11:15am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 659
Test Date: 07/02/2018 Test Time: 11:17am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:18am
FLO	Pass	11:18am
FC	Pass	11:18am

Temperature Tests

Test	Status	Time
FC1	Pass	11:18am
SRC	Pass	11:18am
\mathbf{DET}	Pass	11:18am
BAR	Pass	11:18am
\mathtt{BT}	Pass	11:18am

Blank Tests

Test	Status	Time
AIR	Pass	11:19am

Printer Tests

Test	Status	Time
PRNT	Pass	11:19am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:19am
CAL	Pass	11:19am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	VASH	Instrument Location Rocky	Mount PD
Instrument Seria	II No. <u>0087411</u>	Instrument Location ROCKY & #1 Government Rocky Mourit, A	PLAZA /
	maintenance procedures for the In	atoximeters, Model Intox EC/IR II to be fo	
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breath s gree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	5. Verify instrument accuracy;		
6. When "PLEASE BLOW" appears, collect breath sample;			
7. When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.			
I certify that on the day of, 20, 20, 20, 20			
OTHE STATE OF OUT OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OF THE OTHER PROPERTY OF THE OTHER PROPERTY OTHE	S A Lee 81gr	nature of Certifying Official	Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 07/02/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S
Permit Number: 11434E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:09am 11:09am 11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:12am
AIR BLK	.00	11:12am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am

Reported/Ag: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 2271 Test Date: 07/02/2018 Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:17am 11:17am
FC	Pass	11:17am

Temperature Tests

Status	Time
Pass	11:17am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:18am

Printer Tests

Test	Status	Time
PRNT	Pass	11:18am
	CRC Tests	

1050	beacas	11110
COMP	Pass	11:18am
CAL	Pass	11:18am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NEW	HANOVER	Instrument Location B	AT MOBILE UNIT
Instrument Serial	1No. 008616	Le	AT MOBILE UNIT DILMINGTON, NC
The preventive m four months are:	naintenance procedures for the Into	oximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		lic breath simulator thermometer shows
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that on the procedures were Department of H	he day of day of day of day of performed on the instrument indicate alth and Human Services, and the	ated above, in accordance with instrument is functioning pro-	the forgoing preventive maintenance h current regulations of the N.C. operly.
TOTAL STATE ON YOUR THE STATE ON YOUR STATE	Cole Signat	are of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008616 Test Date: 07/07/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:04pm 11:05pm 11:05pm 11:06pm
SUB TEST	.00	11:07pm
AIR BLK	.00	11:08pm
SUB TEST	.00	11:10pm
AIR BLK	.00	11:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ry Bara

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008616 Test Record Number: 2408
Test Date: 07/07/2018 Test Time: 11:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:12pm
FLO	Pass	11:12pm
FC	Pass	11:12pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:12pm 11:12pm 11:12pm 11:12pm 11:12pm

Blank Tests

Test	Status	Time
AIR	Pass	11:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:13pm

11:13pm

Preventive Maintenance Status: Pass

Pass

CAL

Lun Ka Band

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NE	W HANDVER Instrument Location BAT MOBILE UNIT		
Instrument Seri	ial No. OO8707 Instrument Location BAT MOBILE UNIT		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on procedures wer Department of I	theday of,		
STAIL OF STA			
STE QUAM VIDER	Chu Kg Banes 648		
	Signature of Certifying Official Certificate Number		

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

> Serial Number: 008707 Test Date: 07/07/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:11pm 11:12pm 11:13pm 11:14pm
SUB TEST AIR BLK	.00	11:14pm 11:15pm 11:16pm
SUB TEST AIR BLK	.00 .00	11:17pm 11:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ry Benes Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: 008707 Test Record Number: 2513 Test Date: 07/07/2018 Test Time: 11:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:19pm
FLO	Pass	11:19pm
FC	Pass	11:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:19pm
SRC	Pass	11:19pm
DET	Pass	11:19pm
BAR	Pass	11:19pm
B T	Pass	11:19pm

Blank Tests

Test	Status	Time
AIR	Pass	11:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:20pm 11:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD ETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; Verify Diagnostic Program; and 9. 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated/above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 07/06/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG621403 Exp Date: 08/01/2018

Test	g/210r	Time
DIAG	Pass	9:14am
AIR BLK	.00	9:14am
ACCY CHK	.07	9:15am
AIR BLK	.00	9:16am
SUB TEST	.00	9:16am
AIR BLK	.00	9:18am
SUB TEST	.00	9:19am
AIR BLK	.00	9:20am

Reported AC:

//g/21%L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 2467
Test Date: 07/06/2018 Test Time: 9:23am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:23am 9:23am
FC	Pass	9:23am

Temperature Tests

Test	Status	Time
FC1	Pass	9:24am
SRC	Pass	9:24am
DET	Pass	9:24am
BAR	Pass	9:24am
BT	Pass	9:24am

Blank Tests

Test	Status	Time
AIR	Pass	9:24am

Printer Tests

rest	Status	Time
		and the second
PRNT	Pass	9:24am

CRC Tests

rest	Status	Time
		•
COMP	Pass	9:24am
CAL	Pass	9:24am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD TOXIMETERS, MODEL INTOX EC/IR II Instrument Serial No The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence: 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests. whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 07/06/2018

Citation Number: M0000000-0 Subject s Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702401

Exp Date: 01/24/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	.00	10:41am 10:42am 10:42am 10:43am 10:44am 10:45am
SUB TEST	.00	10:46am

10:47am

Reported AC: 100 g/2/10L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 1754
Test Date: 07/06/2018 Test Time: 10:49am EDT

System Check: Passed

Baseline Tests

Test	Status	Time ^j
IR	Pass	10:49am
FLO	Pass	10:49am
FC	Pass	10:49am

Temperature Tests

Test	Status	Time '
FC1	Pass	10:49am
SRC	Pass	10:49am
DET	Pass	10:49am
BAR	Pass	10:49am
BT	Pass	10:49am
and the second second		1

Blank Tests

Test	Status	Time
AIR	Pass	10:50am

Printer Tests

Test	Status	Time
PRNT	Pass	10:50am
	CRC Tests	
Test	Status	Time

TCBC	Deacus	TIME
COMP CAL	Pass Pass	10:50am 10:50am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

County_	INTOXIMETERS, MODEL INTOX EC/IR II
Instrument Ser	ial No. 008628 Police Deportmen
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6. 3	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. The day of
STATE STATE OF THE	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 07/06/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	11:44am
ACCY CHK	.00	11:45am 11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
ATR BLK	0.0	11.50am

Reported AC: NO / /2101

Signature of Chemical Analyst

Court CVR

Anaiys

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 4607

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:53am
FLO	Pass	11:53am
FC	Pass	11:53am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:53am 11:53am
DET	Pass	11:53am
BAR BT	Pass Pass	11:53am 11:53am

Blank Tests

Test	Status	Time
AIR	Pass	11:54am

Printer Tests

Test	Status	Time
PRNT	Pass	11:54am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:54am
CAL	Pass	11:54am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Æ	/ INTOXIMETERS, MODEL INTOX EC/IR II
County	led Hanover Instrument Location New Handver
Instrument S	erial No. 008626 County Sheriff Depart
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. on the
procedures v	vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	L.C. Droden 601
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

> Serial Number: 008626 Test Date: 07/06/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: TA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534902 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:47pm 12:48pm 12:49pm 12:50pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm

Reported AC: \.00 g/2/10L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626

Test Record Number: 7184

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:55pm
FLO	Pass	12:55pm
FC	Pass	12:56pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:56pm 12:56pm 12:56pm 12:56pm 12:56pm

Blank Tests

Test	Status	Time
AIR	Pass	12:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:57pm

CRC Tests

Test	Status	Time
COMP	Pass	12:57pm
CAL	Pass	12:57pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD TOXIMETERS, MODEL INTOX;EC/IR II Instrument Location Instrument Serial No The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8.

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.



Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 07/06/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG721401 Exp Date: 09/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:46pm 12:47pm 12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm

Reported AC: .00 \$/2101

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 2943 Test Date: 07/06/2018 Test Time: 12:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:54pm
FLO	Pass	12:54pm
FC	Pass	12:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:55pm
SRC	Pass	12:55pm
DET	Pass	12:55pm
BAR	Pass	12:55pm
BT	Pass	12:55pm

Blank Tests

Test	Status	Time
AIR	Pass	12:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:55pm 12:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County O	NSLOW	Instrument Location ON 5 Lou) County
Instrument Ser	ial No. 008932	SHERIFF'S DFFIC	<u>e</u>
The preventive four months ar		toximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath tree centigrade;	simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		·
9.	Verify Diagnostic Program; and	•	
10.		ter is being changed before expiration deged every four months or after 125 Alco	
	ere performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	ing preventive maintenance at regulations of the N.C.
THE STATE OF THE PROPERTY OF T	SECOND CONTRACTOR OF THE PROPERTY OF THE PROPE	neg E-Hall	354 Carliford Number
	Signa	ature of Certifying Official	Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 07/02/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	12:59pm
AIR BLK	.00	12:59pm
ACCY CHK	.08	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 4531 Test Date: 07/02/2018 Test Time: 1:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
		A
IR	Pass	1:06pm
FLO	Pass	1:06pm
FC	Pass	1:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:07pm
SRC	Pass	1:07pm
DET	Pass	1:07pm
BAR	Pass	1:07pm
BT	Pass	1:07pm

Blank Tests

Test	Status	Time	
AIR	Pass	1:07pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm
	CRC Tests	
Test	Status	Time

TESL	Scatus	TIME
COMP	Pass	1:07pm
CAL	Pass	1:07pm

Preventive Maintenance Status: Pass

Rand F-Half

Knalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ONSLOW Instrument Location ONSLOW COUNTY
Instrume	nt Serial No. 008931 SHERIFF'S OFFICE
	·
The prev four mon	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on theday of, 20, the foregoing preventive maintenance res were performed on the instrument indicated above, in accordance with current regulations of the N.C. nent of Health and Human Services, and the instrument is functioning properly.
GREAT S.	Signature/of Certifying Official Signature of Certifying Official

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 07/02/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: YY

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	1:00pm
AIR BLK	.00	1:00pm
ACCY CHK	.07	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 2872 Test Date: 07/02/2018 Test Time: 1:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:07pm
FLO	Pass	1:07pm
FC	Pass	1:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:08pm
SRC	Pass	1:08pm
DET	Pass	1:08pm
BAR	Pass	1:08pm
BT	Pass	1:08pm

Blank Tests

Test	Status	Time
AIR	Pass	1:08pm

Printer Tests

Status

Test

CAL

Time

1:08pm

TCDC.	beacas	1 11110
PRNT	Pass	1:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:08pm

Preventive Maintenance Status: Pass

Pass

Analyst Holf

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location CAMP Lejeune AMO
Instrumen	Serial No. 008920
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	nat on theday of, 20 / 8, the foregoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
S S S S S S S S S S S S S S S S S S S	

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 07/02/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG805802 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	11:31am 11:32am 11:32am 11:34am 11:34am 11:35am
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 1520 Test Date: 07/02/2018 Test Time: 11:38am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:38am
FLO	Pass	11:38am
FC	Pass	11:38am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	11:39am 11:39am 11:39am 11:39am 11:39am
рт	Pass	11:39dill

Blank Tests

Test	Status	Time	
AIR	Pass	11:39am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:39am
	CRC Tests	

Test	Status	4	Time

COMP	Pass	11:39am
CAL	Pass	 11:39am

Preventive Maintenance Status: Pass

Karel E Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County O	Instrument Location JACKSONUILLE PL
Instrument Ser	rial No. <u>008930</u>
112 1111 - 1	
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20/8, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 07/02/2018

Citation Number: M0000000-0.
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time

1	and the second second		A CONTRACTOR OF THE PROPERTY O
DIAG	Pass		12:15pm
AIR BLK	.00	·	12:16pm
ACCY CHK	80.		12:16pm
AIR BLK	.00	S	12:17pm
SUB TEST	.00		12:18pm
AIR BLK	.00		12:19pm
SUB TEST	.00	1 1	12:20pm
AIR BLK	.00		12:22pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2048 Test Date: 07/02/2018 Test Time: 12:23pm EDT

System Check: Passed

Baseline Tests

	Test Status Time
ċ	
	IR Pass 12:24pm
	FLO Pass 12:24pm
	FC Pass 12:24pm

Temperature Tests

Test	Ştatus:	Time
FC1	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
BT	Pass	12:24pm
1	e Selve Albert Sellie Selve Selve Selve Selve Selve Selve	48 1 12 mm - 1

Blank Tests

Test	Status Time
	and the second of the second o

7 - 7	and the second of the second o	7004
AIR	L DOCC	1 7 • 7/L15m
T 7 T T 7	Pass	12:24pm

Printer Tests

Test	Status	Time

PRNT	A Section	Pass	* A	12	:24	pm

CRC Tests

Test	Status	Time
	· · · · · · · · · · · · · · · · · · ·	1.64
	The first with the problem of the control of the first of the first of the control of the contro	
	and the state of t	

COMP Pass	12	:25pm
	+-	. 2 2 2 1111
CAT. Pass	10	:25pm
CAL Pass	بد	. 2
19. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	17	4

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>(</u>	ONSLOW Instrument Location MCAS New River An			
Instrument S	Serial No. <u>008919</u>			
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:			
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;			
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.			
I certify the procedures	at on theday of, 20, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.			
TO STATE OF THE COREAT SE	Signature of Certifying Official Certificate Number			

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 07/02/2018

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG702402 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	1:54pm
AIR BLK	.00	1:55pm
ACCY CHK	.08	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm

Reported AC: .,00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 612 Test Date: 07/02/2018 Test Time: 2:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:01pm
FLO	Pass	2:01pm
FC	Pass	2:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:01pm
SRC	Pass	2:01pm
DET	Pass	2:01pm
BAR	Pass	2:01pm
BT	Pass	2:01pm

Blank Tests

Test	Status	Time
AIR	Pass	2:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:02pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:02pm CAL Pass 2:02pm

Preventive Maintenance Status: Pass

Carl E-Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County O	Instrument Location BOX MODILE UNITED
Instrument Seria	1No. 008816 SHP- Orange CD
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
STATE OF THE STATE	Skenature of Certifying Official Certificate Number

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008816 Test Date: 07/06/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	10:34pm 10:35pm 10:36pm 10:37pm 10:37pm
AIR BLK	.00	10:40pm
ATK DUV	.00	10:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

B SKANA Analyst

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008816 Test Record Number: 7419
Test Date: 07/06/2018 Test Time: 10:42pm EDT

System Check: Passed

Baseline Tests

Test Status	Time
IR Pass	10:42pm
FLO Pass	10:42pm
FC Pass	10:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:42pm
SRC	Pass	10:42pm
DET	Pass	10:42pm
BAR	Pass	10:42pm
BT	Pass	10:42pm

Blank Tests

Test Status Time

AIR Pass 10:43pm

Printer Tests

Test Status Time

PRNT Pass 10:43pm

CRC Tests

Test Status Time

COMP Pass 10:43pm
CAL Pass 10:43pm

Preventive Maintenance Status: Pass

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

^	INTOAIMETERS, MODEL INTOX EC/IN II		
County	range Instrument Location Bot Mobile Uni		
Instrument Ser	rial No. 008775 SHP- Orange CO		
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	on the		
TATE COLUMNIA DE LA SER COLUMNIA			

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008775 Test Date: 07/06/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: NONE
Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:32pm 10:33pm 10:33pm
AIR BLK	.00	10:34pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:35pm
SUB TEST	.00	10:37pm
AIR BLK	.00	10:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008775 Test Record Number: 1765
Test Date: 07/06/2018 Test Time: 10:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:39pm
FLO	Pass	10:39pm
FC	Pass	10:39pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:40pm 10:40pm 10:40pm 10:40pm
BT	Pass	10:40pm

Blank Tests

Test	Status	Time
AIR	Pass	10:40pm

Printer Tests

Test

CAL

PRNT	Pass	10:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:40pm

Status

Time

10:40pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	ange Instrument Location Box Mobile Unit
Instrument Seria	1No.008601 SHP. Drange
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
STATE OF A	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

ORANGE COUNTY BATMOBILE UNIT 8 670

Serial Number: 008601 Test Date: 07/06/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	10:32pm
AIR BLK ACCY CHK	.00 .08	10:32pm 10:33pm
AIR BLK	.00	10:34pm
SUB TEST	.00	10:35pm
AIR BLK	.00	10:36pm
SUB TEST	.00	10:37pm
AIR BLK	.00	10:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB Analyst

ORANGE COUNTY BATMOBILE UNIT 8 670

Serial Number: 008601 Test Record Number: 1280 Test Date: 07/06/2018 Test Time: 10:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:40pm
FLO	Pass	10:40pm
FC	Pass	10:40pm

Temperature Tests

Status	Time
Pass	10:40pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:40pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	10:41pm 10:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County C	age Instrument Location Dot Mobile Un
Instrument Seri	al No 20 8736 SHP-Grange CO
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence,
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
SE QUANTUM	Signature of Certifying Official Certificate Number

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008736 Test Date: 07/06/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG	Pass	10:49pm
AIR BLK	.00	10:50pm
ACCY CHK	.08	10:51pm
AIR BLK	.00	10:52pm
SUB TEST	.00	10:53pm
AIR BLK	.00	10:53pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB Skynn Analyst

ORANGE COUNTY BAT MOBILE UNIT 8 670

Serial Number: 008736 Test Record Number: 905
Test Date: 07/06/2018 Test Time: 11:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:00pm
${ t FLO}$	Pass	11:00pm
FC	Pass	11:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:00pm
SRC	Pass	11:00pm
DET	Pass	11:00pm
BAR	Pass	11:00pm
BT	Pass	11:00pm

Blank Tests

Test	Status	Time
AIR	Pass	11:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:01pm
	CRC Tests	-

Test	Status	Time	
COMP	Pass	11:01pm	
CAL	Pass	11:01pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PAMLICO Instrument Location PAMLICO COUNTY
Instrument	Serial No. 008640 SHERIFF'S OFFICE
The prever	ative maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	nat on theday of, 20, the foregoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Certificate Number

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 07/05/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	2:32pm
AIR BLK	.00	2:32pm
ACCY CHK	.08	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:37pm
ATR BLK	.00	2:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

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PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Record Number: 1324
Test Date: 07/05/2018 Test Time: 2:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:39pm
FLO	Pass	2:39pm
FC	Pass	2:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:39pm
SRC	Pass	2:39pm
DET	Pass	2:39pm
BAR	Pass	2:39pm
BT	Pass	2:39pm

Blank Tests

Test	Status	Time
AIR	Pass	2:39pm

Printer Tests

Status

Time

Test

PRNT	Pass	2:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:40pm 2:40pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

A. A.	INTOXIMETERS, MODEL INTOX EC/IR II
County / KA	"QUIMANS Instrument Location REQUIMANT CO. S.O.
Instrument Seria	al No. 008921. 110 Church ST., HERTFORP, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of July, 20 / the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'THE STATE OF LOW YOUR OF THE PARTY OF THE	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 07/03/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA Permit Number: 11646E Effective: 08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	11:48am 11:49am
ACCY CHK	.08	11:49am
AIR BLK	.00%	11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERQUIMANS COUNTY PERQUIMANS CO SO 710 8 3 6

Serial Number: 008921 Test Record Number: 774
Test Date: 07/03/2018 Test Time: 11:55am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:55am
FLO	Pass	11:55am
FC	Pass	11:55am

Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DET	Pass	11:56am
BAR	Pass	11:56am
\mathtt{BT}	Pass	11:56am

Blank Tests

Test	Status	Time
AIR	Pass	11:56am

Printer Tests

ICat	scacus	11mc
PRNT	Pass	11:56am
	CRC Tests	3

Ctature Time

Test	Status	Time
COMP	Pass	11:56am
CAL	Pass	11:56am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

-	1 A A A
County 1 +	Instrument Location Nyden P.D.
Instrument Seri	al No. 008666 4/144 West Ave., Ayden, K
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ::
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 3 day of
CHESTATE OF THE STATE OF THE ST	AOSH CAROLINA
A COLOM AIDE	Signature of Certifying Official Certificate Number

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 07/03/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G Permit Number: 12955E Effective:

06/01/2017-06/01/2019
Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	9:02am
AIR BLK	.00	9:03am
ACCY CHK	.08	9:03am
AIR BLK	.00	9:04am
SUB TEST	.00	9:05am
AIR BLK	.00	9:06am
SUB TEST	.00	9:08am
AIR BLK	.00	9:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

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PITT AYDEN PD 730

Serial Number: 008666 Test Record Number: 1010
Test Date: 07/03/2018 Test Time: 9:10am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:10am
FLO	Pass	9:10am
FC	Pass	9:10am

Temperature Tests

Test	Status	Time
FC1	Pass	9:10am
SRC	Pass	9:10am
DET	Pass	9:10am
BAR	Pass	9:10am
BT	Pass	9:10am

Blank Tests

rest	Status	Time
AIR	Pass	9:11am

Printer Tests

Test	Status	Time
PRNT	Pass	9:11am
	CRC Tests	

rest	Status	TTIIIG
COMP	Pass	9:11am
CAL	Pass	9:11am

Preventive Maintenance
Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

~~~ ·	THE THE PART OF TH
County 1	Instrument Location Pitt Co. Defention Con
Instrument Seri	al No. DO Blolo B 124 Detention Dr., Greenville, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
procedures were	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  the
THE R. THE VICTOR OF THE STAFF	Zoe Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 06/07/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722408 Exp Date: 08/12/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	12:14pm 12:15pm
ACCY CHK	.07	12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668

Test Record Number: 2990 Test Date: 06/07/2018 Test Time: 12:22pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:22pm
FLO	Pass	12:22pm
FC	Pass	12:22pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:22pm
SRC	Pass	12:22pm
DET	Pass	12:22pm
BAR	Pass	12:22pm
BT	Pass	12:22pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:23pm 12:23pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	andolph Instrument Location Bat Mabile Unit
Instrument Se	rial No CO8707 Randleman PD
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
. 6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department o	on theday of, 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
OT THE STATE OF TH	



Signature of Certifying Official

Certificate Númber

#### RANDOLPH COUNTY BAT MOBILE UNIT 9 750

Serial Number: 008707 Test Date: 07/14/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:28pm 11:29pm 11:29pm 11:30pm
SUB TEST	.00	11:31pm
AIR BLK	.00	11:32pm
SUB TEST	.00	11:33pm
AIR BLK	.00	11:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB Skynon Analyst

#### RANDOLPH COUNTY BAT MOBILE UNIT 9 750

Serial Number: 008707 Test Record Number: 2519
Test Date: 07/14/2018 Test Time: 11:36pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:37pm
FLO	Pass	11:37pm
FC	Pass	11:37pm

### Temperature Tests

Test	Status	Time
FC1	Pass	11:37pm
SRC	Pass	11:37pm
$\operatorname{DET}$	Pass	11:37pm
BAR	Pass	11:37pm
$\mathtt{B}\mathbf{T}$	Pass	11:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:38pm
	CRC Tests	
Test	Status	Time

11:38pm

11:38pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$\bigcirc$	INTOXIMETERS, MODEL INTOX EC/IR II
County Ko	ckingham Instrument Location Madison Police
Instrument Se	rial No. 008802 Department
The preventiv	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF THE PROPERTY O	

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 07/19/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
06/01/2018-06/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:54pm 12:55pm 12:55pm 12:56pm 12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
AIR BLK/	.00	1:00pm

Signature of Chemical Analyst

Court CVR

### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 789
Test Date: 07/19/2018 Test Time: 1:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:01pm 1:01pm
FC	Pass	1:01pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:01pm
SRC	Pass	1:01pm
DET	Pass	1:01pm
BAR	Pass	1:01pm
$\mathtt{BT}$	Pass	1:01pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

#### Printer Tests

Status Time

1000	Deacas	1
PRNT	Pass	1:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:02pm 1:02pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$\circ$	INTOXIMETERS, MODEL INTOX EC/IR II
County K	OCKINGHAM Instrument Location Kendoville
Instrument S	erial No. 008784 Police DEPAYMENT
	<b>/</b>
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 3 day of, 20 8, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
ONE STATION OF THE CONTROL OF THE CO	

### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 07/30/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:32am 11:33am 11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Lun Slow

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1071 Test Date: 07/30/2018 Test Time: 11:41am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass!	11:41am
FLO	Pass	11:41am
FC	Pass	11:41am

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:41am
DET	Pass	11:41am 11:41am
BAR	Pass	11:41am
BT	Pass	11:41am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:42am

#### Printer Tests

Status

Time

11:42am

Test

CAL

	**	
PRNT	Pass	11:42am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:42am

Preventive Maintenance Status: Pass

Pass

J. Kunkarn Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	in I Oxime Leks, Model in IOX EC/IR II
County /	OCKINGHAM Instrument Location Ede N
Instrument S	erial No. 008636 Police Department
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 30 day of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TOTAL STATE	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

#### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 07/30/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG	Pass	2:15pm
AIR BLK	.00	2:16pm
ACCY CHK	.08	2:16pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:21pm
ATR BIK	0.0	2:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

#### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636

Test Record Number: 1827

Test Date: 07/30/2018

Test Time: 2:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:27pm 2:27pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying Official

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 07/30/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	3:44pm 3:45pm
ACCY CHK	.08	3:45pm
AIR BLK SUB TEST	.00 .00	3:46pm 3:47pm
AIR BLK	.00	3:47pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 2624
Test Date: 07/30/2018 Test Time: 3:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:51pm
FLO FC	Pass Pass	3:51pm 3:51pm
	Tabb	J.J.P.

# Temperature Tests

Test	Status	Time
FC1	Pass	3:51pm
SRC	Pass	3:51pm
DET	Pass	3:51pm
BAR	Pass	3:51pm
${f BT}$	Pass	3:51pm

#### Blank Tests

Test	Status	Time
ATR	Pass	3:52pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:52pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:52pm 3:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$\odot$	INTOXIMETER	S, MODEL INTOX EC/IR	
County K	OWAN	Instrument Location \( \lambda_1 \) \( \lambda_1 \)	a STROVE
Instrument So	erial No. <u>00 8862</u>	Police Dep	partment
		·	
The preventive four months		eximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breath see centigrade;	imulator thermometer show
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration da ged every four months or after 125 Alcoh	
I certify that procedures v Department	were performed on the instrument ind	icated above, in accordance with current the instrument is functioning properly.	ng preventive maintenance t regulations of the N.C.
STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI STATI	E OS NO PLANTE CONTRACTOR OF THE CONTRACTOR OF T		
TO THE REPORT OF THE PARTY OF T		Son Dean	642
	Signa	ture of Certifying Official	Certificate Number

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 07/25/2018

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E

Effective:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702401 Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	2:53pm
AIR BLK	.00	2:54pm
ACCY CHK	.07	2:54pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:59pm
AIR BLK	.00	mq00:8

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

A. Keen Deen Analyst

#### ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Record Number: 785
Test Date: 07/25/2018 Test Time: 3:01pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:01pm
FLO	Pass	3:01pm
FC	Pass	3:01pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:02pm
SRC	Pass	3:02pm
DET	Pass	3:02pm
BAR	Pass	3:02pm
BT	Pass	3:02pm

#### Blank Tests

Test	Status		Time	
AIR		Pass	3:02pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:02pm 3:02pm

Preventive Maintenance Status: Pass

Analyst Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL! INTOX EC/IR II

$\overline{}$	INTOXIMETERS, MODEL INTOX EC/IR II
County K	OWAN Instrument Location SA 113 bury
Instrument Se	erial No. 008868 Police Department
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 25 day of 101, 2018, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF STA	

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 07/25/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
04/01/2017-04/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:45am 10:46am 10:46am 10:47am 10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J, X Dean
Analyst

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 2918
Test Date: 07/25/2018 Test Time: 10:52am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:52am
FLO	Pass	10:52am
FC	Pass	10:52am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
BT	Pass	10:53am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:53am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:53am

## CRC Tests

Test	Status	Time
COMP	Pass	10:53am
CAL	Pass	10:53am

Preventive Maintenance Status: Pass

A. Deus lo

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

7	7 INTOXIMETERS, MODEL INTOX EC/IR II
County /	OWAN Instrument Location SA lisbury
Instrument Se	erial No. 008835 Police Department
	· · · · · · · · · · · · · · · · · · ·
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
CORE STATION OF STATIO	

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 07/25/2018

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
04/01/2017-04/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	10:24am
AIR BLK	.00	10:24am
ACCY CHK	.08	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:30am
ATR BLK	. 0.0	10:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

A. Kun Dean
Analyst

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 2137 Test Date: 07/25/2018 Test Time: 10:31am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:31am
FLO	Pass	10:31am
FC	Pass	10:31am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:32am
SRC	Pass	10:32am
DET	Pass	10:32am
BAR	Pass	10:32am
BT	Pass	10:32am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:32am

#### Printer Tests

Teat

CAL

Tesc	platus	TIME
PRNT	Pass	10:32am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:32am

Status

Time

10:32am

Preventive Maintenance Status: Pass

Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	wain Instrument Location Sougin Co. Jail
Instrument Ser	rial No. 008727 Bryson City, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 07/17/2018

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:56am 10:57am 10:57am 10:58am <b>10:59am</b>
AIR BLK	.00	11:00am
SUB TEST	.00	11:01am
ATR BLK	. 0.0	11:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1208
Test Date: 07/17/2018 Test Time: 11:03am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:03am 11:03am
FC	Pass	11:04am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:04am
SRC	Pass	11:04am
DET	Pass	11:04am
BAR	Pass	11:04am
${ t BT}$	Pass	11:04am

## Blank Tests

Test	Status	Time
AIR	Pass	11:04am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:04am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:04am 11:04am

Preventive Maintenance Status: Pass

**Analyst** 

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	wain Instrument Location Swain Co. Tail
Instrument Se	erial No. 008723 Bryson City, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
13	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
procedures we	on the
THE STATE OF THE S	201 R. ath 635
	Signature of Certifying Official Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 07/17/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457
Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734102 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	10:55am 10:56am
ACCY CHK	.08	10:56am
AIR BLK SUB TEST	.00 .00	10:57am 10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 731 Test Date: 07/17/2018 Test Time: 11:02am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:02am
FLO	Pass	11:02am
FC	Pass	11:02am

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:02am 11:02am 11:02am 11:02am 11:02am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:03am

#### Printer Tests

Test

CAL

PRNT	Pass	11:03am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:03am

Pass

Status

Time

11:03am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Unic	on Instrument Location Union County SD
Instrument Seria	Instrument Location Union County SD  INO. 008876 3344 Pressen Rd., Manroe
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 3 day of , 20 18 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 07/03/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	1:28pm
AIR BLK	.00	1:29pm
ACCY CHK	.07	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:35pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Record Number: 4902 Test Date: 07/03/2018 Test Time: 1:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:38pm
FLO	Pass	1:38pm
FC	Pass	1:38pm

# Temperature Tests

tus Time
s 1:38pm

#### Blank Tests

Test	Status	Time
ATR	Pass	1:39pm

#### Printer Tests

TEBL	Status	TIME
PRNT	Pass	1:39pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:39pm
CAL	Pass	1:39pm

Preventive Maintenance Status: Pass

Analys

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Unic	Instrument Location Unjon County SD
Instrument Seria	Instrument Location Unjon County SD  1 No. 008866 3344 Presson Rd., Manae
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were	e performed on the instrument indicated above, in accordance with current regulations of the N.C.
Department of I	Health and Human Services, and the instrument is functioning properly.
OF STATE OF	
AND IS. 178	Signature of Certifying Official Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 07/03/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D Permit Number: 15924E Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805802 Exp Date: 02/27/2020

Test	g/210L	Time .
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:31pm 1:32pm 1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866

Test Record Number: 2907

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:39pm
FLO	Pass	1:39pm
FC	Pass	1:39pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

#### Printer Tests

Test	Status	Time

1:40pm PRNT Pass

#### CRC Tests

Test	Status	Time
COMP	Pass	1:40pm
CAL	Pass	1:40pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \	10 Re Instrument Location Bat Mobile Un
Instrument Ser	ial No (208707) Wake Forest PD
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
STATE OF STA	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008707 Test Date: 07/05/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:50pm 10:51pm 10:52pm
AIR BLK	.00	10:53pm
SUB TEST AIR BLK	.00 .00	<b>10:55pm</b> 10:56pm
SUB TEST	.00	10:57pm
AIR BLK	.00	10:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB Skynes Analyst

## WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008707 Test Record Number: 2506 Test Date: 07/05/2018 Test Time: 10:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:00pm
FLO	Pass	11:00pm
FC	Pass	11:00pm

## Temperature Tests

SRC Pass 11:00pm DET Pass 11:00pm	Test	Status	Time
pr rapp rr:oobu	SRC DET BAR	Pass Pass Pass	11:00pm 11:00pm 11:00pm 11:00pm
		1455	TT.005"

#### Blank Tests

Test	Status	Time
AIR	Pass	11:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:00pm
	CRC Tests	
Test	Status	Time

ICBC	Deacus	TIME
COMP	Pass	11:01pm
CAL	Pass	11:01pm

Preventive Maintenance Status: Pass

Analyst Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	instrument Location Bat Mobile U	ni
Instrument Seria	al No 10081016 Wake Forest PD	
The preventive n four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once es:	very
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
	the day of 20 18 the forgoing preventive mainter performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.	
THE STATE OF THE S		 er

WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008616 Test Date: 07/05/2018

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	10:59pm 11:00pm 11:01pm 11:03pm 11:04pm 11:05pm 11:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB SKUM Analyst

## WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008616 Test Record Number: 2402 Test Date: 07/05/2018 Test Time: 11:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:09pm 11:09pm
FC	Pass	11:09pm

## Temperature Tests

Test	Status	Time
FC1	Pass	11:09pm
SRC	Pass	11:09pm
DET	Pass	11:09pm
BAR	Pass	11:09pm
BT	Pass	11:09pm

#### Blank Tests

Test Status Time

AIR Pass 11:09pm

#### Printer Tests

Test Status Time
PRNT Pass 11:09pm

CRC Tests

Test Status Time

COMP Pass 11:09pm
CAL Pass 11:09pm

Preventive Maintenance Status: Pass

DB SKINN Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXINETERS, MODEL INTOX EC/IR II
County	Instrument Location to the Un
Instrument Seria	10008804 Wate Forest PD
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
TATE OF THE STATE	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 9 910

Serial Number: 008826 Test Date: 07/05/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1913
Subject's Sex: Female
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:16pm 11:17pm 11:18pm 11:18pm
SUB TEST	.00	11:20pm
AIR BLK	.00	11:21pm
SUB TEST	.00	11:23pm
AIR BLK	.00	11:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB Shinn Analyst

WAKE COUNTY B: MOBILE UNIT 9 910

Serial Number: 008826 Test Record Number: 8062 Test Date: 07/05/2018 Test Time: 11:33pm EDT

System ( eck: Passed

Basel ne Tests

Test	tatus	Time
IR	ass	11:34pm
FLO	ass	11:34pm
FC	ass	11:34pm

## Temper ture Tests

Test	tatus	Time
FC1	ass	11:34pm
SRC	ass	11:34pm
DET	ass	11:34pm
BAR	ass	11:34pm
BT	ass	11:34pm

#### Bla k Tests

Test	tatus	Time
AIR	ass	11:35pm

#### Prir er Tests

Test	tatus	Time
PRNT	ass	11:35pm

#### CF Tests

Test	tatus	Time
COMP	ass	11:35pm
CAL	ass	11:35pm

Preventiv Maintenance Stat s: Pass

DB Skinn Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(	WAKE Instrument Location WAKE FOREST PD
Instrument	Serial No. <u>008700</u> 225 S. Taylon ST WAKO FOREST, NC
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify th procedure Departme	at on the
CONTRACTOR OF THE PROPERTY OF	Signature of Certifying Official Certificate Number
A signed o	riginal of the preventive maintenance record shall be kept on file for at least three years

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 07/03/2018

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, SIMON S
Permit Number: 11434E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG702402

Exp Date: 01/24/2019

Test	9/2101	TIME
DIAG	Pass	10:53am
AIR BLK	.00	10:53am
ACCY CHK	.07	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:58am
AIR BLK	.00	10:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

#### WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 1395
Test Date: 07/03/2018 Test Time: 10:59am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	11:00am

# Temperature Tests

m
m
m
m
m

#### Blank Tests

Test	Status	Time
AIR	Pass	11:00am

#### Printer Tests

Test.	Status	Time
PRNT	Pass	11:00am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:00am
CAL	Pass	11:00am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	Instrument Location Seymour Johnson A.F.B.
Instrument Seria	Instrument Location Seymour Johnson A.F.B.  INO. <u>DO8786</u> 1010 VERMONT GARTISON Rd. Goldson
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of circles, 20/8 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C.  Health and Human Services, and the instrument is functioning properly.
- cistullar	
OF THE STATE OF A	
* COR QUAM VIDER *	Signature of Certifying Official Certificate Number

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 07/10/2018

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA
Permit Number: 11646E
Effective:
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	10:44am 10:45am
ACCY CHK	.08	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 300 Test Date: 07/10/2018 Test Time: 10:51am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:51am
FLO	Pass	10:51am
FC	Pass	10:52am

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:52am 10:52am
DET	Pass	10:52am
BAR BT	Pass Pass	10:52am 10:52am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:52am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:52am
	CRC Tests	a**

Test	Status	Time
COMP	Pass	10:53am
CAL	Pass	10:53am

Preventive Maintenance Status: Pass

Analyst